

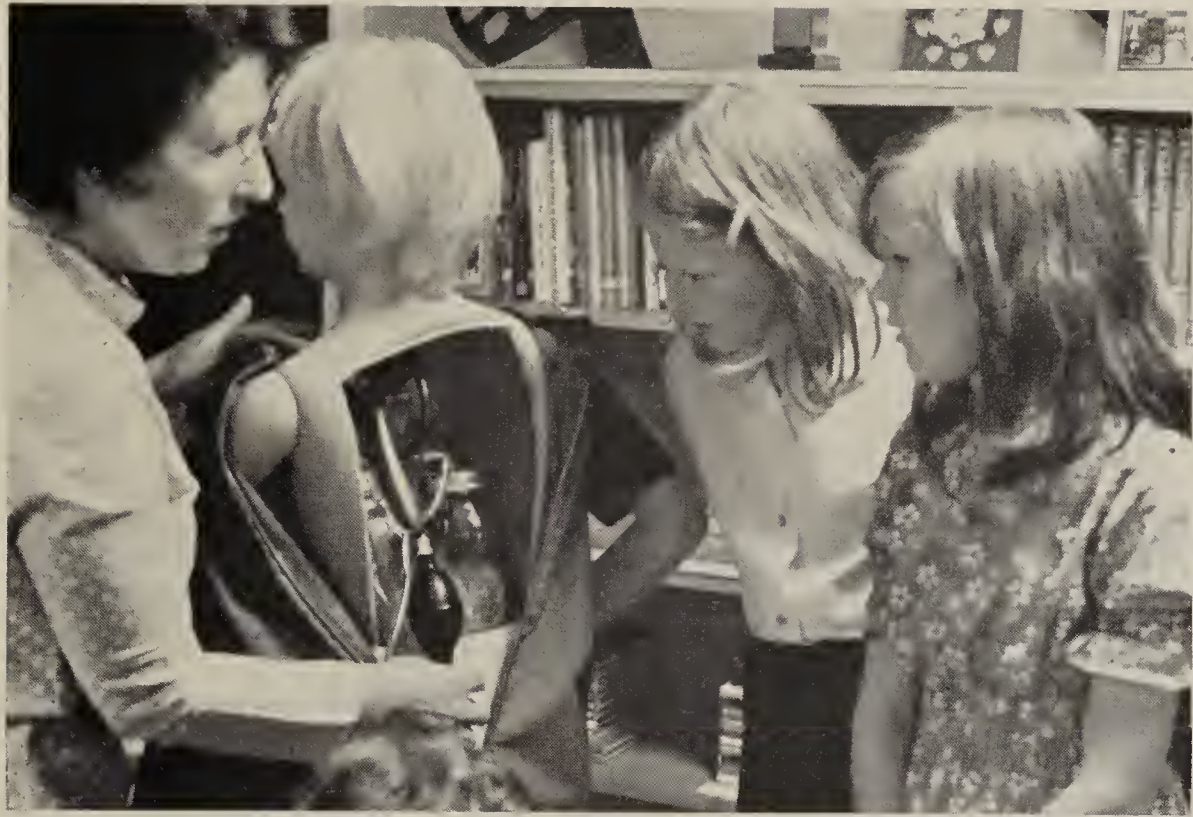


WILTSHIRE
COUNTY
COUNCIL



Annual Report of the Medical Officer of Health for the year 1972

Being the statutory report required to be made by the County Medical
Officer of Health under the Public Health Officers Regulations 1959



“ Suzy ” (a very realistic life size doll) is used by health visitors in their health education work with school children and others, to demonstrate the health dangers of smoking (and in particular to show the amount of tarry deposit in her detachable “ lungs ” from the cigarette she smokes while she is “ talking ” from the tape).



A County Council chiropodist giving treatment to a patient in her home. (At present two-thirds of the chiropody work in Wiltshire is domiciliary).

WILTSHIRE COUNTY COUNCIL

Annual Report

OF THE

Medical Officer of Health

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under the Public Health Officers Regulations, 1959

FOR THE YEAR

1972

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Foreword

The period beginning on the 1st January, 1972 has been more notable for the shadows of coming events than for current changes affecting health in Wiltshire.

However, 1972 saw the implementation of the scheme for nursing management in accordance with the recommendations of the Report of the Working Party on Management Structure in the Local Authority Nursing Services. Miss E. Search, hitherto Superintendent Health Visitor, took up the appointment of Director of Nursing Services in April, 1972. A Divisional Nursing Officer was appointed with particular responsibility for training and health education and five nursing areas were set up, each with an Area Nursing Officer. By September, 1973, each area had in addition two nursing officers to assist with the administration of the health visiting and the nursing and midwifery services. Geographically the nursing areas will fit within future health districts.

A vasectomy service was agreed in principle in December, 1972 and approval has now been given to a start being made early in 1974.

Better progress was at last made in planning health centres, only to be frustrated by the Government's decision in June, 1973, to call a halt to the implementation of new schemes except for those which on examination by the Department of Health and Social Security were held to have especially high priority. The effect of this has been to leave in suspension four health centre projects intended to be started in 1973/74 and six intended for 1974/75, and an application for priority for some of these has not yet been decided by the Department. This economy measure, like most others which affect the health services, has been applied across the country apparently regardless of the existing level of health centre provision in particular places, and in Wiltshire it has resulted in a set-back just at a moment when the situation appeared to be much more promising after initial difficulties.

The last two years have mainly been notable for the increasing attention which has had to be given to the preparations for the reorganisation of the National Health Service. The personal health services provided by the County Council as the Local Health Authority will become the responsibility of the new Wiltshire Area Health Authority on the 1st April, 1974. The new Wiltshire County Council will thereafter have a small Health Department with responsibility for mainly environmental services; the remainder of the staff of the present Health Department will almost all be transferred to the Area Health Authority.

Clearly reorganisation will not mean that the new County Council will cease to require medical advice and a close relationship will be needed between certain aspects of its work and that of the Area Health Authority. It is intended that there shall be a Joint Consultative Committee to further collaboration between the Area Health Authority and the County Council with supporting arrangements for liaison between officers and that two specified community medicine specialists employed by the Area Health Authority shall be responsible for advising the County Council and its Social Services and Education Committees. In addition advice and support will be available on more general matters, including health questions affecting the staff of the County Council.

Although as far as is known there will remain a statutory requirement for an Annual Report of the County Medical Officer of Health to be made for 1973 and presumably for the first quarter of 1974, the present Report is the last which can be presented to the Health Committee of the existing County Council and I have included in this foreword references to events in 1973.

The transfer of the personal health services from the administrative responsibility of local health authorities marks the end of a very important period in local authority activity in the health field and it appeared appropriate to include in this Report a brief history of the health services of the Wiltshire County Council from their inception in 1899 with the appointment of the first County Medical Officer of Health to the present time. This account, for much of the work of the preparation of which I am indebted to members of the staff of the Health Department, will be found in the pocket inside the cover. This marsupialisation of the last statutory annual report which will be presented to the Local Health Authority is primarily the result of present difficulties affecting the printers which have made it necessary to produce the history as a separate appendix. However, the arrangement may have some advantages.

I should like to express my appreciation of the constant consideration and support which the Health Committee and their Sub-Committees have given to the whole range of health services during the time that I have been County Medical Officer of Health and of the help through the years of the other Chief Officers.

The help of colleagues in general practice and in the hospital service has been indispensable not only in enabling the best use to be made of the County Council's health service but in reaching a level of co-operation where these services should be able to be integrated with the rest of the National Health Service with little difficulty.

While N.H.S. reorganisation is inevitably producing problems for many, it causes on the whole a more serious upheaval for those who work in the local government health field.

The staff of the Health Department, throughout Wiltshire and at County Hall, have not allowed present uncertainties to diminish the excellent standard of work and the enthusiasm to provide the best possible service which they have consistently shown through the years. I wish to thank them most sincerely.

Health Department
County Hall,
TROWBRIDGE.

C. D. L. LYCETT.

January, 1974.

Committees

The Committees of the County Council mainly concerned with public health during the year were :—

Health Committee

Education Committee (school health service and hygiene in schools).

Close liaison was also maintained with other committees, such as the Social Services Committee, and the County Medical Officer of Health acts as adviser on health matters to all committees of the Council.

Under Section 46 of the Local Government Act, 1958, functions in respect of the following services are delegated to the Swindon Borough Council :—

Health Centres

Care of Mothers and Young Children

Midwifery

Health Visiting

Home Nursing

Vaccination and Immunisation

Prevention of Illness, Care and After-Care

Staff

County Medical Officer of Health and Principal School Medical Officer :—

C. D. L. Lycett, M.D., B.S., D.P.H., F.F.C.M.

Deputy County Medical Officer of Health and Deputy Principal School Medical Officer :—

J. H. Whittles, T.D., M.D., B.S., B.Sc., D.P.H., M.F.C.M.

Senior Medical Officers :—

E. Hazel Williams, M.B., B.S., D.P.H., D.C.H., M.F.C.M.

S. W. W. Terry, M.B., B.S., D.P.H., D.T.M. and H., M.F.C.M.

Medical Officer of Health and Principal School Medical Officer, Swindon :—

J. Urquhart, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer, Swindon :—

J. May, M.B., Ch.B., D.P.H.

Medical Officers :—

W. E. Anwyl, M.R.C.S., L.R.C.P., D.P.H., D.I.H. (also Medical Officer of Health, Highworth District).

P. C. Barry, L.R.C.P. and S., D.P.H., M.F.C.M. (also Medical Officer of Health, Devizes Borough and Devizes Rural District). Resigned 8.12.72.

S. E. Cupples, M.B., B.Ch., B.A.O., D.P.H., M.F.C.M. (also Medical Officer of Health, Warminster Urban District, Warminster and Westbury Rural District).

F. R. T. Hollins, B.A., M.B., B.Ch., B.A.O., D.P.H., M.F.C.M. (also Medical Officer of Health, Salisbury City.)

E. H. Lamb, M.B., Ch.B., D.P.H., D.I.H., O.S.J., M.F.C.M. (also Medical Officer of Health, Cricklade and Wootton Bassett Rural District).

F. J. G. Lishman, M.D., B.S., D.P.H., D.L.O., L.M.C.C.(Canada), M.F.C.M. (also Medical Officer of Health, Wilton Borough, Salisbury and Wilton Rural District, Mere and Tisbury Rural District).

F. D. F. Steede, M.B., B.Ch., B.A.O., D.P.H., M.F.C.M. (also Medical Officer of Health, Marlborough Borough, Amesbury Rural District, Pewsey Rural District, Marlborough and Ramsbury Rural District).

G. Wolfenden, M.B., B.Ch., B.A.O., D.P.H., M.F.C.M. (also Medical Officer of Health, Melksham Urban District and Bradford and Melksham Rural District).

J. R. R. Wray, M.R.C.S., L.R.C.P., D.P.H., M.F.C.M. (also Medical Officer of Health, Calne Borough Council, Calne and Chippenham Rural District and Malmesbury Rural District).

Athene H. Baldwin, M.R.C.S., L.R.C.P. (commenced 10.1.1972).

A. F. Fowler, M.R.C.S., L.R.C.P., D.T.M. and H., D.P.H.

H. Margaret Hammond, M.B., Ch.B.

J. S. Harper, M.B., Ch.B., M.R.C.P., D.P.H.

Delia F. Morris, M.B., B.S., D.P.H., M.F.C.M. (Resigned 16.1.1972).

Psychiatrists (part-time) :—

R. F. Barbour, M.A., F.R.C.P., D.P.M.

M. C. C. Bird, M.B., Ch.B., D.P.M. (South-West Regional Hospital Board).

T. A. A. Hunter, B.A., M.B., B.Ch., M.R.C.P.

J. E. Oliver, M.B., B.S., D.P.M. (Oxford Regional Hospital Board).

K. C. P. Smith, M.R.C.S., L.R.C.P., D.P.M.

Chief Dental Officer and Principal School Dental Officer :—

D. Middleton, L.D.S.

Area Dental Officers :—

I. Hopes, B.D.S.(U.Brist.), D.D.P.H.

W. A. Humpherson, L.D.S., R.C.S.(Eng.), B.D.S.(U.Lond.), D.D.P.H.

Assistant Dental Officers and School Dental Officers :—

P. M. Balfe, B.D.S.
Mrs. P. H. Buckland, L.D.S. (commenced 27.11.1972).
Mrs. S. E. Chivers, B.D.S. (commenced 21.11.1972).
Miss P. Ensum, L.D.S.
A. E. Fisher, B.D.S.
J. Green, B.D.S. (Resigned 29.9.1972).
C. A. J. Heath, L.D.S., R.C.S.
Mrs. J. I. Heath, B.D.S.
P. R. I'Anson, L.D.S., R.C.P.S.
D. T. Lacey, B.D.S.
P. H. W. Maynard, L.D.S., R.C.S. (commenced 1.5.1972).
E. D. G. Medley, L.D.S., R.C.S., B.D.S., B.Sc. (Resigned 27.10.1972).
Mrs. E. B. Medley, L.D.S., B.D.S.
C. J. Nash, L.D.S.
A. B. Russell, B.D.S. (Resigned 31.3.1972).
Miss P. M. Simpson, L.D.S. (commenced 16.10.1972).
W. E. Starkey, O.B.E., L.D.S., R.C.S.(Eng.).
E. D. Whiteley, L.D.S., R.C.S.(Eng.).

Dental Auxiliaries :—

Miss M. F. Chesters.
Miss G. D. Fitzpatrick (commenced 8.10.1972).
Mrs. A. F. Lacey (Part-time).
Miss M. McKillop.

Psychologists :—

C. S. Rushton, B.A.
R. C. S. Hamilton, M.A., Ed.B., B.Sc., B.Litt.

Chief Administrative Assistant :—

R. M. Bainton.

Director of Nursing Services :—

Miss E. Search, S.R.N., S.R.F.N., S.C.M., H.V.

Divisional Nursing Officer :—

Miss S. R. Barter, S.R.N., S.C.M., Q.N., H.V. and B.T.A. Cert. (Commenced 1.8.72).

County Public Health Inspector :—

P. M. Ennis, M.R.S.H., F.A.P.H.I.

County Ambulance Officer :—

N. F. Russell

Chief Chiropodist :—

C. L. Rees, S.R.Ch.

Hearing Therapists :—

F. Wilton Brown, B.A., Dip.Audiol.

Vital Statistics

POPULATION

The Registrar General's estimate for 1972 (home population incl. services) ...	494,670
The figure for the previous year was	488,900

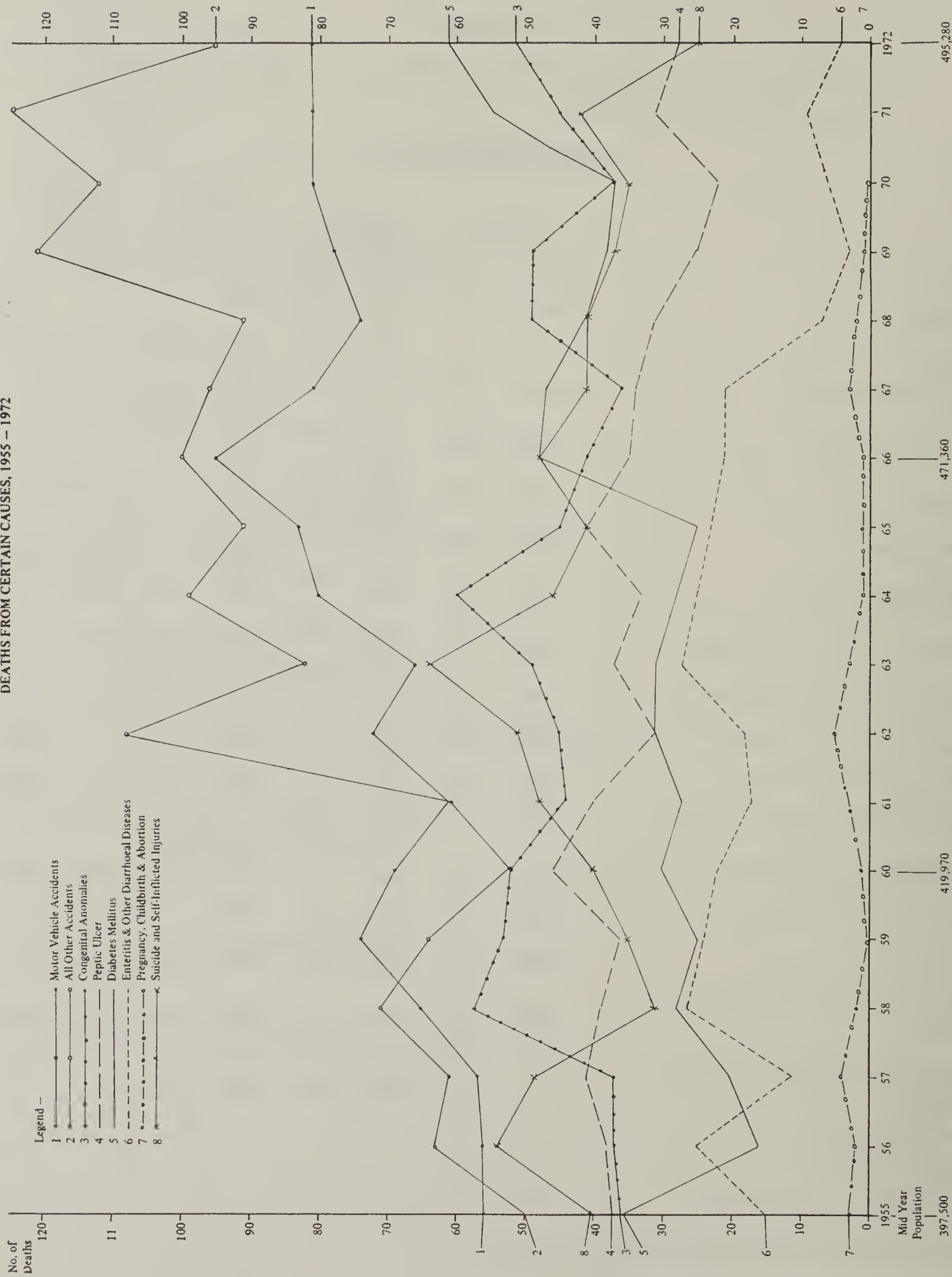
BIRTHS AND DEATHS

	Number		Rate for County		Rate for England and Wales		Rate for S.W. Standard Region	
	1972	1971	1972	1971	1972	1971	1972	1971
Live Births	8,211	8,510	(Per 1,000 population) 16.4	17.4	14.8	16.0	*	16.2
Still Births	78	104	(Per 1,000 live and still births) 9	12	12	12	—	11.7
Total Live and Still Births	8,289	8,614	—	—	—	—	—	—
Illegitimate Live Births	560	569	(Per cent of total live births) 7	7	9	8	—	—
Premature Live Births	537	552	(Per 1,000 live births) 65.4	64.8	—	—	—	—
Deaths (all ages)	5,302	5,152	(Per 1,000 population) 10.9	11.1	12.1	11.6	12.9	10.9
Deaths of Infants under one	167	148	(Per 1,000 live births) 20	17	17	18	17	16
Deaths of Infants under one (Legitimate) ...	152	138	(Per 1,000 legitimate live births) 20	17	17	17	—	—
Deaths of Infants under one (Illegitimate) ...	15	10	(Per 1,000 illegitimate live births) 27	18	21	24	—	—
Deaths of Infants under 4 weeks	112	90	(Per 1,000 live births) 14	11	12	12	—	10.3
Deaths of Infants under 1 week	95	83	12	10	10	10	—	8.5
Deaths of Premature Infants under 4 weeks ...	72	58	8.77	6.81	—	—	—	—
Perinatal Mortality (Still Births and Deaths under 1 week combined)	173	187	(Per 1,000 live and still births) 21	21	22	22	20	20
Maternal Deaths (including abortions)	Nil	Nil	Nil	Nil	0.15	0.17	—	—
Deaths from cancer (all forms)	1,008	1,024	(Per 1,000 population) 2.04	2.10	2.40	2.40	—	—
Deaths from cancer of lung and bronchus :—								
Male	195	213	0.52	0.53	0.65	0.63	—	—
Female	62	46						
Deaths from certain infectious diseases :—								
Tuberculosis (respiratory)	7	9	0.016	0.027	0.031	0.029	—	—
Tuberculosis (other)	1	4						
Diphtheria	—	—						
Meningococcal infection	1	1						
Acute poliomyelitis	—	—						
Measles	—	—						
Whooping Cough	—	—						
Other infective and parasitic diseases	11	10						

N.B. Throughout this report statistics for 1972 are in heavy type.

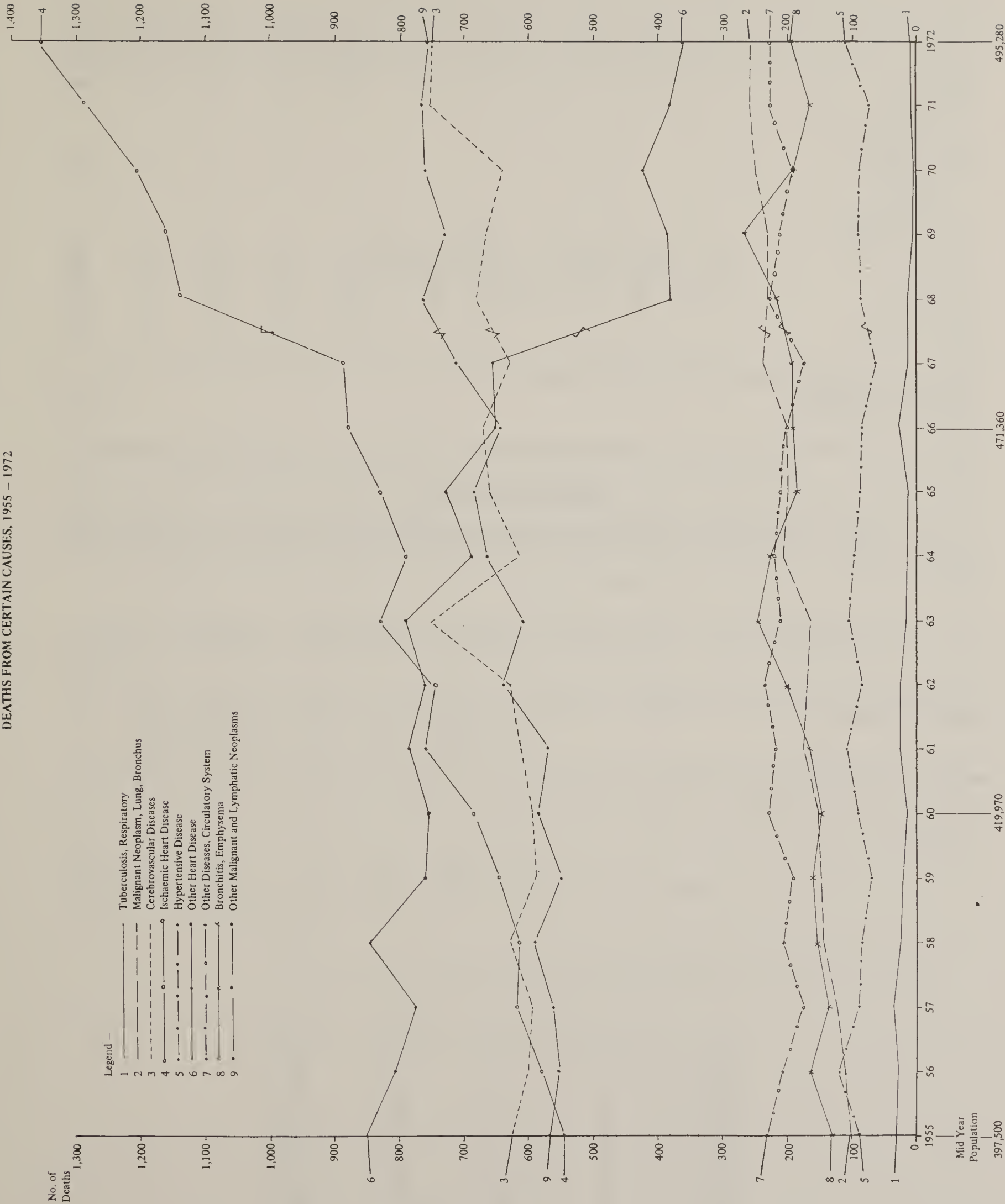
*These rates are provisional and subject to correction.

DEATHS FROM CERTAIN CAUSES, 1955 - 1972



In 1968 there was a change in the definition and classification of some of these causes of death and the larger changes occurring between 1967 and 1969 should not be regarded as significant.

DEATHS FROM CERTAIN CAUSES, 1955 - 1972



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INFECTIOUS DISEASES

The following are the notifications received during 1972, of the more important infectious diseases, with comparative figures for preceding years. The figures include non-civilian.

Disease	1955	1960	1965	1966	1967	1968	1969	1970	1971	1972
Smallpox	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	198	276	165	91	155	85	106	91	79	88
Diphtheria	1	—	1	—	—	—	—	—	1	—
Enteric fever (including paratyphoid)	3	1	2	1	—	—	2	—	—	—
Typhoid fever	—	—	—	—	—	—	—	—	—	1
*Acute meningitis	—	4	2	6	1	3	11	7	8	25
Acute poliomyelitis—										
Paralytic	21	4	—	—	1	—	—	—	—	—
Non-paralytic	17	—	—	—	—	—	—	—	—	—
Acute encephalitis	—	5	2	5	—	—	1	1	—	—
Ophthalmia neonatorum	2	—	—	1	—	—	—	2	—	2
Whooping cough	987	353	117	83	214	142	54	67	109	33
Measles	6227	332	6487	3248	4178	1465	2386	2331	1995	783
Dysentery	58	882	312	222	399	198	266	636	48	66
Food poisoning	141	39	6	21	54	45	91	38	50	51
†Leptospirosis	—	—	—	—	—	—	1	—	1	2
‡Infective jaundice	—	—	—	—	—	315	402	296	106	48

*Shown as meningococcal infection up to and including 1968.
†Notifiable from 1.10.68.
‡Notifiable from 15.6.68.

The case of diphtheria notified in 1971 was not of faucal diphtheria and is not believed to have been contracted in this country.

VENEREAL DISEASE

During the year, 1672 Wiltshire patients attended treatment centres at Salisbury, Swindon, Bath, Southampton, Winchester and Bristol for the first time. The following table shows details (with figures for 1971 in the lighter type).

Treatment Centres	Syphilis		Gonorrhoea		Other Genital Infections		Other Conditions		Total	
Royal United Hospital, Bath	1	2	59	53	119	130	193	184	372	369
Maudlin Street, Bristol	—	1	7	17	22	73	20	46	49	137
General Infirmary, Salisbury	2	1	35	46	167	212	88	119	292	378
44/46 Bullar Street, Southampton SO2 0NH	—	—	4	9	17	34	19	31	40	74
Royal Hampshire County Hospital, Winchester	—	—	—	—	1	3	2	1	3	4
Cricklade Road, Swindon	—	4	100	112	451	265	22	329	573	710
Total	3	8	205	237	777	717	344	710	1329	1672
					1121		1427			

The totals of the cases in the following table for previous years are shown below :—

Year	Syphilis	Gonorrhoea	Other Conditions	Total new cases
1962	12	123	382	517
1963	19	114	475	608
1964	7	102	405	514
1965	12	123	396	531
1966	9	93	406	508
1967	12	98	448	558
1968	20	161	631	812
1969	5	210	715	930
1970	16	194	943	1153
1971	3	205	1121	1329
1972	8	237	717 710 } 1427	1672

Certain health visitors continue to assist by tracing the contacts of some of the Wiltshire patients who attend at the Venereal Disease Clinics serving the County. The majority of Wiltshire patients attend at the clinics at Bath, Salisbury and Swindon. Excluding Swindon, there were 16 cases referred to the health visitors for contact tracing during 1972 ; 15 contacts were traced and all of them persuaded to attend the Clinic.

These health visitors also assist by tracing and visiting those who fail to keep appointments for examination and treatment at the Clinics. The employment of health visitors on this work is appropriate, and it provides opportunities for personal health education, with confidence established with the patient or contact.

Health Centres

Section 21 National Health Service Act 1946

Two new health centres were opened in 1970, and the opportunities afforded for closer working relationships between staff providing local health authority services and the general practitioners and hospital staff have been valuable.

Provision of a health centre at South Dorcan (Swindon expansion) was approved by the Health Committee for a start in 1972/73 as well as purpose built clinics at Bradford-on-Avon and Westbury. At the two latter, sufficient land was purchased for expansion to form health centres at any time in the future. Various factors have contributed to a delay in starting to build the Dorcan Health Centre and the Bradford-on-Avon Clinic in 1972/73, but starts are expected in early 1973/74. Provision of loan sanction for the Westbury Clinic was deferred by the Department of Health and Social Security from 1972/73 to 1973/74.

Four other health centres are expected to start in 1973/74—Malmesbury, Wroughton, Wilton and Tisbury.

The remaining forward capital building programme prepared by the County Council for implementation with effect from 1974/75 when the new health authority becomes responsible, includes 14 health centres and one health clinic :—

Devizes, South Trowbridge, Cricklade, Lower Stratton, Ludgershall, Market Lavington, Swindon (Fleming Way), Codford, Downton, Wootton Bassett, Tidworth, Salisbury, Melksham, Swindon (Cavendish Square), and Upper Stratton (clinic).

Negotiations are proceeding where possible with a view to handing over each of these projects processed as far as has been possible by the 1st April, 1974, to the Area Health Authority.

*Care of Mothers and Young Children

MATERNAL MORTALITY

The following table gives the number of deaths attributable to pregnancy, childbirth or abortion in the past ten years.

	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
County, excluding Swindon	3	4	3	1	1	1	2	2	Nil	Nil	Nil	Nil
Swindon	Nil	1	Nil	1	1	Nil	1	Nil	1	Nil	Nil	Nil
TOTAL	3	5	3	2	2	1	3	2	1	Nil	Nil	Nil
Rate per 1,000 live and still births ...	0.37	0.58	0.33	0.21	0.21	0.11	0.34	0.23	0.21	Nil	Nil	Nil

The rates in this table are based on such small numbers that variations in them should be treated with reserve.

CHILD HEALTH CLINICS

At the end of the year there were 115 child health clinics, 65 with a doctor attending and 50 attended by health visitors only. The following table gives aggregate figures, with those for 1971 in lighter type, of attendances at the centres.

	1971	1972
Total attendances during the year	93,537	89,223
Number of children who attended during the year	19,013	17,466
Number of new attenders (under one year of age at end of year) included above	7,179	6,406
Atenders (under one year of age at end of year) per 1,000 notified live births for the year	988	978

The use of the Mobile Centre has continued and it served five villages.

It will be noted that the attendance of infants counted as first attendances is almost 100%. This is probably due to two factors, the first being the large number of service families spending some time in Wiltshire and then moving on elsewhere, and perhaps also secondly on account of difficulties experienced at clinics in keeping attendance registers in such a way that the attendances of infants counted as first attendances are in fact the first attendances of their lives at any child health clinic anywhere, viz. not merely the first attendance at the clinic concerned.

Progress continues to be made with the introduction of developmental paediatric examinations in child health clinics. During the year a total of 9,648 developmental paediatric examinations were made by the medical officer of 8,024 children as compared with 6,594 examinations of 6,542 children in 1971.

In addition, the health visitors made a total of 1,615 developmental paediatric examinations of 1,435 children, at the child's own home or at a child health clinic.

We continue to hold, at Urchfont Manor, one-week courses for doctors in developmental paediatrics and it is pleasing to note that 67 Wiltshire general practitioners have attended and 23 of them now act as medical officers at County Council clinics.

Arrangements were made for further courses to be held in 1973.

The sale of proprietary foods in child health clinics has been discontinued in all but 8 child health clinics in the County where there are special reasons for its retention.

RELAXATION AND MOTHERCRAFT CLASSES

These classes are held at the following centres :—

Amesbury, Calne, Chippenham, Colerne R.A.F. Station, Corsham, Covingham, Devizes, Downton, Haydon Wick, Highworth, Lyneham, Marlborough, Melksham, Mere, Pewsey, Purton, Salisbury, Salisbury (St. Michael), Sherston, Stratton St. Margaret, Trowbridge, Warminster, Westbury, Wilton, Wootton Bassett, Wroughton.

During the year 1,208 classes were undertaken in preparation for child birth and 1,537 expectant mothers made 7,734 attendances at these classes, which included talks, films and demonstrations. The classes are organised and undertaken by the health visitors in conjunction with the local midwives and in co-operation with the maternity hospital units.

*The statistics under this section exclude the Borough of Swindon (unless specifically stated)

DISTRIBUTION OF GOVERNMENT WELFARE FOODS

At the end of the year, Government Welfare Foods were being distributed from 81 clinics and 12 other centres (e.g. W.R.V.S. centres, Post Office Stores and private houses) excluding Swindon compared with 95 clinics and 25 other centres in 1971.

Discontinuance of sales from 27 centres was mainly among the smaller ones where the reduced demand following the withdrawal of orange juice made the service not worthwhile.

Statistics concerning issues in 1972, shown in the following table, contain several variations from those in previous years resulting from changes by the Government in the nature of foods made available.

Stocks of cod liver oil were withdrawn and those of orange juice run down. Vitamin C tablets were introduced during 1972 to supplement A & D tablets. Later in the year vitamins A, D & C were included in one tablet.

	1967	1968	1969	1970	1971	1972
National Dried Milk (full cream and half cream)	16,256	13,217	11,993	10,118	10,774	7,102
Cod Liver Oil	4,018	3,774	4,056	3,942	2,404	113
Vitamins A & D tablets	4,595	3,963	4,512	5,306	4,382	1,123
Vitamin C tablets	—	—	—	—	—	499
Combined Vitamins A, D & C tablets	—	—	—	—	—	2,002
Orange juice	65,389	64,611	86,220	97,223	102,751	24,116
Children's Vitamin Drops	—	—	—	—	8,308	16,022

(These amounts do not include issues made in the Borough of Swindon, although these were accounted for centrally in the County Health Department).

Emergency needs are met by transfers within the County from headquarters.

The distribution of welfare foods continues to be carried out mostly by voluntary helpers whom I should like to thank for their valuable assistance. The total value of money collected for foods issued fell from £8,520.24 in 1971, to £4,047.36 in 1972, the drop being due mainly to the withdrawal of orange juice.

SCREENING TESTS

(a) for hearing loss

Health visitors continue to undertake screening tests on babies at the age of six to seven months, and when any hearing loss is suspected, further investigation is arranged. During the year 7,308 tests were made, and 121 infants referred by health visitors for the hearing therapist, (additional to those referred from the "At Risk" register, and those direct from child health clinics).

(b) for phenylketonuria

Routine tests were arranged, in collaboration with the hospital and laboratory services, for this rare condition which leads to mental subnormality unless discovered and treated early.

During the year the Guthrie blood test was applied to infants at the age of seven days, liaison being maintained with each hospital maternity department so that, particularly for infants leaving hospital at about the seventh day, there is a clear understanding as to whether the samples will be taken by the hospital staff or by the County health visitor in the child's home. During the year health visitors took samples from 2,537 infants.

During the year one positive case of phenylketonuria was discovered compared with one in 1971 and one in 1970.

DAY CARE OF CHILDREN UNDER FIVE

The scheme for assistance by the County Council with the cost of day care for children in certain defined priority groups, which became the responsibility of the Social Services Committee at the beginning of 1971, was transferred early in the year to the Social Services Department.

The health visitors continued to recommend some children who could benefit by such assistance and these were referred to the Director of Social Services.

PERINATAL MORTALITY AND CARE OF PREMATURE BABIES

The perinatal mortality rate (based on stillbirths and deaths of infants under one week) is an indicator of the effectiveness of ante-natal care and obstetrics, and the following tables show the situation in the County since 1966 :—

Year						Total Births	No. of stillbirths	No. of Deaths of infants under 1 week	Total Deaths of Infants under 1 week and stillbirths combined	Perinatal Mortality Rate per 1,000 total births
1966	County					8,990	132	105	237	26.36
	County, excluding Swindon					7,188	94	81	175	24.34
	Swindon					1,872	38	24	62	33.1
	England and Wales					862,163	13,206	9,447	22,653	26.3
1967	County					8,685	136	91	227	26.14
	County, excluding Swindon					7,018	100	67	167	23.7
	Swindon					1,667	36	24	60	35.9
	England and Wales					844,400	12,528	8,947	21,475	25.4
1968	County					8,640	123	86	209	24.2
	County, excluding Swindon					6,978	92	68	160	22.9
	Swindon					1,662	31	18	49	29.4
	England and Wales					822,000	12,000	8,600	20,600	25.0
1969	County					8,877	120	72	192	22.0
	County, excluding Swindon					7,281	97	59	156	21.0
	Swindon					1,596	23	13	36	23.0
	England and Wales					808,204	10,662	8,232	18,894	23.0
1970	County					8,732	102	91	193	22.0
	County, excluding Swindon					7,117	83	71	154	21.6
	Swindon					1,513	19	20	39	25.0
	England and Wales					794,823	10,341	8,328	18,669	23.0
1971	County					8,614	104	83	187	22
	County, excluding Swindon					7,143	89	65	154	21
	Swindon					1,471	15	18	33	22
	England and Wales					793,063	9,898	7,750	17,648	22
1972	County					8,289	78	95	173	21
	County, excluding Swindon					6,852	68	74	142	22
	Swindon					1,437	10	21	31	22
	England and Wales					734,199	8,794	7,142	15,936	22

The following tables give information about premature births and the mortality rate up to 28 days :—

Year	Premature live births				Deaths of premature babies within 28 days, of which the number shown in italics occurred within 24 hrs.	
	Swindon	Rate per 1,000 live births	Remainder of County	Rate per 1,000 live births	Swindon	Remainder of County
1963	134	65.5	406	59.5	18 8	55 19
1964	162	76.1	468	65.7	21 11	66 47
1965	109	54.0	399	56.2	11 9	62 28
1966	142	77.4	398	56.6	20 15	57 27
1967	126	77.2	438	63.3	16 12	52 27
1968	115	71.7	422	60.2	18 11	45 11
1969	144	92.5	463	63.5	13 8	47 5
1970	109	72.0	453	63.7	22 10	56 23
1971	109	76.1	456	62.8	12 9	58 33
1972	110	77.0	427	63.0	14 8	58 32

The following analysis refers to babies in the whole County who were prematurely born at home or in a hospital :—

Year	Born at home or in a nursing home						Born in hospital		
	Total	Transferred to hospital	Died in hospital within 28 days		Died at home within 28 days		Total	Died within 28 days	
1963	110	24	8	3	3	1	430	62	23
1964	90	25	2	2	4	4	540	81	52
1965	45	20	2	1	3	2	508	68	34
1966	27	14	3	1	Nil	Nil	513	74	41
1967	32	3	Nil	Nil	2	Nil	532	66	38
1968	28	5	1	Nil	Nil	Nil	537	63	22
1969	22	2	1	Nil	2	Nil	585	57	13
1970	31	7	Nil	Nil	3	1	531	75	33
1971	14	4	2	2	3	1	552	53	30
1972	15	2	Nil	Nil	Nil	Nil	522	72	40

The figures in italics show the deaths of premature babies within 24 hours, which are included.

Oxygen cots for conveyance of premature or other babies to hospital are kept at the Trowbridge, Chippenham, Salisbury, Swindon, Devizes and Warminster ambulance stations and were used on 43 occasions during 1972.

CHILDREN SUBJECT TO ASSAULT OR WITH UNEXPLAINED INJURIES

During the year 15 children were found to have had injuries inflicted on them in their own homes.

Eight of these children were admitted to hospital with injuries, which included multiple fractures and multiple bruises and one child was found dead at home by the general practitioner. Nine children were taken into the care of the County Council.

Of these 15 children, 10 were boys and ages at the time of first known injury ranged from 2½ months to 6 years 9 months.

Four of the 15 children belonged to service families. In addition to these 15 cases there was suspicion that another 14 children had had injuries inflicted on them deliberately.

Three service families were returned to Wiltshire from overseas so that action could be set in motion over a battered child in the family.

Two civilian families moved into Wiltshire, with a child recently injured.

A Conference on The Battered Baby Syndrome, was held in September 1972. This was arranged in collaboration with the Director of Social Services with the main aim of in-service training for the staff of the Health Department and Social Services Department. There is close collaboration between the two Departments in all aspects of the problem.

“AT RISK ” REGISTER

At the end of the year the names of 2,957 children were contained in the register of children who had been subject to certain adverse influences in prenatal, perinatal or postnatal life. All were under the age of two with the exception of 12 children who were retained on the register for further observation before either removal from the register or transfer to the register of handicapped children.

During the year, 1,589 children were added to the register, including 1,358 children born in 1972, a small number born in 1970 and 1971 and 112 children who had moved into Wiltshire from other counties and abroad. One thousand three hundred and ninety five children were removed from the register in 1972, mainly at the age of two years, as being considered no longer at risk, a further 202 left the County or were adopted, 50 were transferred to the register of children with handicapping conditions, and 81 children had died.

The children now on the “at risk” register are visited by health visitors at three months, six months, one year, one and a half years and two years.

The following is an analysis of the “at risk” categories for which children were registered from 1969 onwards.—

Family History								1969	1970	1971	1972
Family history of deafness								32	24	14	15
Parental diabetes								30	32	13	15
Congenital abnormality in parents or siblings								86	78	77	67

<i>Pre-natal</i>											
Rubella in early pregnancy	...	...	...	...	...	...	...	9	8	4	4
Other virus infections in early pregnancy	...	...	...	...	...	...	...	1	—	3	—
Toxaemia in pregnancy of a degree necessitating hospital admission	...	...	...	...	...	...	...	376	311	272	68*
Toxaemia in pregnancy of a degree necessitating induction of labour or caesarean section	...	...	...	...	...	...	...	179	307	282	263
<i>Perinatal</i>											
Premature birth—Birth weight 4 lbs. 6 oz. or less. Gestation 36 weeks or less	...	...	...	...	...	...	...	244	222	212	228
Small weight relative to duration of pregnancy. Gestation more than 36 weeks	...	...	...	...	...	...	...	180	197	289	177
Postmature birth (i.e. 42 weeks or more)	...	...	...	...	...	...	...	229	213	165	108
Prolonged labour associated with foetal distress	...	...	...	...	...	...	...	304	100	90	67
Difficult labour—unplanned caesarean section, forceps delivery with foetal distress, etc.	...	...	...	...	...	...	...	252	578	611	521
Anoxia	...	...	...	...	...	...	...	187	147	225	259
Neonatal jaundice and rhesus incompatibility (including exchange transfusion)	...	...	...	...	...	...	...	46	37	45	31
Convulsion, cyanotic attacks	...	...	...	...	...	...	...	7	3	3	6
Cerebral palsy	...	...	...	...	...	...	...	2	—	1	—*
Presence of congenital abnormalities, with possibility of others	...	...	...	...	...	...	...	112	77	119	98
<i>Postnatal</i>											
Meningitis or encephalitis	...	...	...	...	...	...	...	—	—	1	—
Otitis media	...	...	...	...	...	...	...	—	—	—	—
Mental backwardness	...	...	...	...	...	...	...	—	1	—	—

* = Categories deleted February 1972.

* = Categories deleted February 1972.

These figures are larger than the number of children on the "At Risk" register since some children fall into more than one category.

CONGENITAL MALFORMATIONS

As from 1st January, 1964, a scheme was introduced nationally for the notification of children born with congenital malformations apparent at birth.

During the year 105 children with such malformations were reported and the following is an analysis of the total of 128 malformations notified (one child may have more than one defect):—

	1964	1965	1966	1967	1968	1969	1970	1971	1972
Central Nervous System	52	34	48	40	33	50	34	37	30
Eye and Ear	13	4	4	5	1	4	4	1	3
Alimentary System	25	20	21	13	19	13	27	24	25
Heart and Great Vessels	14	11	1	8	5	10	4	3	4
Respiratory System	8	—	5	—	—	2	4	1	5
Uro-genital System	20	15	14	7	12	17	15	20	7
Limbs	67	75	69	57	43	55	57	46	39
Other Skeletal	7	5	2	3	1	8	2	1	3
Other Systems	15	10	3	11	9	17	11	3	5
Other Malformations	10	12	5	3	6	6	3	7	7
	231	186	172	147	129	182	161	143	128

The notification scheme was introduced following the demonstration of the effects of the drug thalidomide and suspicions of other drugs, which helped to demonstrate the need for a continued record of at least the major abnormalities detectable at birth.

Family Planning

The family planning service provides, for any Wiltshire resident who seeks it, free examination and advice on the most suitable method of contraception (category 'B' cases in following tables), with supplies also free where there is medical need or where there is a social need combined with financial hardship (category 'A' cases in following tables). The Family Planning Association, and the Trowbridge & District Family Planning Service, continue to act as agents for the County Council to provide this service, in a total of 873 sessions at the thirteen clinics now available. Three additional clinics have been opened during the year.

In certain areas Wiltshire residents found it more convenient to attend nearby clinics in neighbouring counties, and satisfactory arrangements have been made with those authorities to allow this.

The cases of three persons were referred by health visitors as being suitable to receive domiciliary family planning service, but two were subsequently persuaded to attend at clinics. This service continued to be provided direct by the Health Department and, although little used, is valuable in those instances where a person is either unable or unwilling to attend a clinic.

The National Health Service (Family Planning) Act 1972 enables local health authorities to provide vasectomy as part of their family planning services ; such provision was approved in principle for Wiltshire, and investigation was commenced into ways and means of organising a service.

Wiltshire Family Planning Clinics

Clinic	No. of persons attending in 1972			No. of attendances	
	Category A		Category B	1971*	1972
	Medical	Socially Necessitous			
AMESBURY (opened January 1972)	26	1	81	—	177
CALNE	7	3	186	371	532
CHIPPENHAM	30	12	691	1,980	1,875
DEVIZES	3	—	203	285	459
MARLBOROUGH	21	5	158	360	275
MELKSHAM (opened March 1972)	17	3	389	—	865
SALISBURY	193	8	907	2,412	2,949
SWINDON (3 Clinics)	15	15	2,620	6,015	4,741
TIDWORTH (opened 3 July, 1972)	45	1	155	—	563
TROWBRIDGE	—	4	476	1,056	1,046
WARMINSTER	7	1	330	676	801
TOTAL	364†	53†	6,196	13,155	14,283

*From 1st July 1971 only for Trowbridge and from 1st April 1971 only for remainder of County.
†Analysis of category "A" cases for the majority of clinics was not available for November and December, and they have been classified under 'medical'.

Use by Wiltshire residents of Clinics outside the County

Clinic	No. of persons who attended		
	Category A		Category B
	Medical	Socially necessitous	
ANDOVER	—	—	1
BATH	26	—	123
CIRENCESTER	4	1	52
NEWBURY	—	—	4
READING	—	—	2
SHAFTESBURY	—	—	18
TOTAL	30	1	200

Summary

Year	No. of persons who attended			No. of attendances
	Category A	Category B	Total	
1971*	119	4,260	4,379	13,155
1972	448	6,396	6,844	14,283

***REPORT OF THE CHIEF DENTAL OFFICER, 1972**

Mr. D. Middleton, L.D.S.

It was decided during the year that the local authority dental service will be transferred to the reorganised National Health Service in 1974. This amalgamation will, I am sure only serve to enhance the already good relationship which exists between our service, the hospital service and the general dental service.

I am pleased to be able to report that an improvement in the staffing position, especially with the dental auxiliary posts, has enabled us to recommence our Toddler Good Dental Health Clinics at Chippenham and Devizes. At these clinics mothers are invited to bring their three year old children for informal discussion on dental health matters and examinations of the children are arranged, if so desired.

There was a slight increase in the number of children and mothers examined in the year with a consequent increase in the amount of treatment given ; although much of the dental time spent on the mothers and pre-school children is impossible to record statistically, as it is preventive in nature.

One of the major aims of the service is to try and ensure that every five year old school entrant has a sound dentition and a willing acceptance of good dental health. Alas, at present this is very much the exception rather than the rule.

I would like to thank the staff of the dental service for the interest, help and ingenuity that they show in getting across the message of good dental health to the pre-school child and mother. I would also like to thank the health visitors for all the help that they give to our service.

DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5 YEARS

ATTENDANCES AND TREATMENT

<i>Number of Visits for Treatment during year</i>										<i>Children 0—4 (incl.)</i>	<i>Expectant and Nursing Mothers</i>
First Visit	...	...	...	...	...	...	...	...	...	872	328
Subsequent visits	...	...	...	...	...	...	...	...	...	1,565	683
Total visits	...	...	...	...	...	...	...	...	...	2,437	1,011
Number of additional courses of treatment other than the first course commenced during year										84	14
Treatment provided during year :—											
Number of fillings	...	...	...	...	...	...	...	...	...	1,709	824
Teeth filled	...	...	...	...	...	...	...	...	...	1,519	666
Teeth extracted	...	...	...	...	...	...	...	...	...	432	232
General anaesthetics given	...	...	...	...	...	...	...	...	...	155	12
Emergency visits by patients	...	...	...	...	...	...	...	...	...	150	104
Patients X-rayed	...	...	...	...	...	...	...	...	...	32	60
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)										339	161
Teeth otherwise conserved	...	...	...	...	...	...	...	...	...	135	—
Teeth root filled	...	...	...	...	...	...	...	...	...	—	12
Inlays	...	...	...	...	...	...	...	...	...	—	—
Crowns	...	...	...	...	...	...	...	...	...	—	5
Number of courses of treatment completed during year										538	203
<i>Prosthetics</i>											
Patients supplied with full upper or full lower (first time)										—	6
Patients supplied with other dentures										—	30
Number of dentures supplied										—	38
<i>Anaesthetics</i>											
General Anaesthetics administered by Dental Officers										1	—
<i>Inspections</i>											
Number of patients given first inspections during year										1,073	286
Number of patients above who require treatment										613	262
Number of patients above who were offered treatment										600	261

*Statistics in this section exclude the Borough of Swindon.

*Midwifery

STAFF

The number of practising midwives in the area at the end of the year was as follows :—

Domiciliary midwives	(a) employed by County Council ...	58	60
	(b) Hospital Management Committee ...	3	4
Hospital Midwives	... ..	103	116
Midwives in private practice (including those in nursing homes)	...	—	—
		164	180

(The figures in light type are those for 1971)

WORK UNDERTAKEN

The following table gives a summary of the work done during the year by all midwives in the County, excluding Swindon.

Category	Home Confinements								Confinements in Hospitals and Nursing Homes			
	Doctor not booked				Doctor booked						Totals	
	Doctor present at delivery		Doctor not present		Doctor present at delivery		Doctor not present					
County Council Midwives	3	2	25	23	29	38	327	271	384	334	26	61
Midwives employed by Hospital Management Committees ...	—	—	—	1	12	14	61	152	73	167	4,707	4,452
Private Midwives ...	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS ...	3	2	25	24	41	52	388	423	457	501	4,733	4,513
	GRAND TOTAL								5,190	5,014		

In addition to the figures given in the above table County Council midwives were asked to attend 3,240 women discharged from maternity hospitals before the ninth day.

The changing pattern in midwifery is shown by the following figures :—

Year	Total Births	Home confinements		Hospital confinements		Early discharges	
		No.	% of total	No.	% of total	No.	% of hospital confined
1961	4,965	1,618	32.5%	3,347	67.5%	567	16.3%
1966	5,644	1,368	24%	4,296	76%	1,857	38.3%
1969	4,924	676	13.8%	4,248	86.2%	2,274	46%
1970	5,243	579	11%	4,664	89%	2,449	52%
1971	5,014	501	10%	4,513	90%	2,641	59%
1972	5,190	457	8.8%	4,733	91.2%	3,240	68%

Although the fall in the number and percentage of patients delivered at home continues, the actual number of patients attended by midwives in 1972 was 3,700, to whom 27,000 visits were paid. Of the 3,240 mothers transferred home early, 324 (10%) were discharged on the first or second day and 2,916 (90%) were discharged between three and seven days. As 10 per cent of mothers are transferred to the community within 48 hours of delivery, it is still essential to have a competent team of midwives on duty to visit and care for these patients and their babies' needs, as also for the larger percentage discharged between the third and seventh day.

Midwives, in their capacity as district nurse/midwives, are now all attached to general practitioners and participate in the care of the ante-natal and post-natal patients in co-operation with their attached general practitioner.

During the year the County Council's proposals under the National Health Service Act for their midwifery service were amended, with the approval of the Department of Health and Social Security, to provide for the domiciliary midwifery work to be covered, in part or in whole, if desired, by the hospital service. This may be useful in certain circumstances and in fact an arrangement to meet an urgent need was by virtue of this amendment able to be made with the West Wilts Hospital Management Committee for staff of the Bradford-on-Avon Maternity Hospital to undertake domiciliary midwifery visiting in a part of the West Wilts nursing area.

*Statistics in this section exclude the Borough of Swindon.

**Health Visiting*

STAFF

The following table shows the development of the service since 1958 and at the end of the year there were several vacancies on the establishment for health visitors.

Year	Establishment of qualified full-time staff at end of year (County area, excluding Swindon)
1953	24
1963	63
1966	78
1967	80
1968	84
1969	85
1970	87
1971	89
1972	91*

*Includes one Geriatric Health Visitor, a joint appointment with the Swindon Hospital Management Committee.

No new health visitor assistants commenced duty during 1972 ; a total of six being employed at the end of the year.

WORK UNDERTAKEN

The following table gives a summary of the visits undertaken by the health visitors during 1972, with figures for 1971 in light type.

Number of Children under 5 years of age visited during year	Expectant Mothers		Children under 1 year of age		Children age 1 but under 2 years	Children age 2 but under 5 years	Tuber- culous house- hold	Other cases	Grand Total of Domi- ciliary visits
	First visits	Total visits	First visits	Total visits	Total visits	Total visits	Total visits	Total visits	
35,922	1,796	2,839	8,172	30,691	24,871	35,922	447	32,142	126,912
27,365	1,934	3,282	7,610	29,427	23,544	33,439	851	31,921	122,464

The table excludes school nursing visits.

The number of live births (excluding Swindon) corrected according to domicile was 6,784. The figure for 1971 was 7,054.

Seven health visitors regularly gave field work instruction to trainees and students from college and authorities outside Wiltshire. In addition to these, two health visitors have been organising the community care programmes for students and pupil hospital nurses as required by the new General Nursing Council syllabus for six weeks community experience.

The six assistants to the health visitors remaining with the Health Department are now giving, under the supervision of the health visitors, a considerable amount of help with the visiting of the elderly, the health visitor undertaking the first visit to assess the type of help required. Subsequent routine visits are undertaken by the assistants, who report progress or deterioration to their health visitors at regular fixed intervals.

GENERAL

The attachment of health visitors to general practitioners continues to successfully extend the health visitor's work and her liaison with the practitioners, to the general benefit of the patients. The liaison and co-operation with hospital geriatric, paediatric and other units continues to increase and a general awareness of need has been recognised by both hospital and community staff.

Health education has in no way decreased, so that further development in this field depends upon availability of staff and staff time.

*The statistics in this section exclude the Borough of Swindon (unless specifically stated).

The following table shows the average population per health visitor, with figures for previous years :—

County (excluding Swindon)			
Year	Estimated Population, Mid-Year	Establishment of Health Visitors	Average Population per Health Visitor
1958	326,040	37	8,811
1959	329,340	48	6,861
1960	333,100	56	5,948
1961	338,690	61	5,552
1962	344,700	61	5,650
1963	351,110	63	5,573
1964	359,640	65	5,533
1965	366,420	73	5,019
1966	372,940	78	4,772
1967	381,160	80	4,764
1968	392,410	84	4,671
1969	398,640	85	4,689
1970	402,290	87	4,624
1971	398,700	88	4,531
1972	404,950	90	4,499

TRAINING SCHEME

Five students completed training and filled vacancies in the establishment in October. Ten trainee health visitors commenced qualification courses in the Autumn under the County scheme.

PROBLEM FAMILIES

The following table shows the volume of work undertaken during the year by the health visitors who continue to devote a considerable amount of time to helping families with seriously unsatisfactory conditions.

	1966	1967	1968	1969	1970	1971	1972
Number of families in list at end of year	123	110	125	111	115	111	100
Number added to list during year	13	23	26	18	23	27	20
Number removed from list (improved) during year	8	24	7	28	14	22	19
Number departed from County during year	8	11	4	4	5	9	12

HEALTH EDUCATION

Health visitors hold a key position in health education work and the subject is dealt with separately in the following section.

Health Education

During 1972 the range of the programme by health visitors undertaking health education has continued to progress. There is a heavy demand for parentcraft classes for the expectant mother and 1,254 of these were held during the year in conjunction with maternity hospitals and district midwives. Talks by health visitors were given as follows :

	1971	1972
1. Parentcraft in schools	715	641
2. Community health and personal relationship talks	460	44
3. Health talks in schools	338	826
4. Child care and community health talks to training and further education colleges ...	86	58
5. Health talks and group discussions in C.H.C.'s	367	253
6. Discussion groups and films to mothers' clubs and parents' groups	123	131
7. Health talks to the branches of voluntary organisations and over 60's	187	75
8. Health talks to youth clubs and factories	29	125
Total sessions	2,305	2,153

Programmes in schools continue to be a the major part of health education teaching undertaken by health visitors.

The subjects under this heading of school work include C.S.E. courses on Child Care and Home Nursing ; the National Association for Maternal and Child Welfare Child Care courses for both girls and boys, as well as Parentcraft, Personal Relationships, and Health and Well-being for the secondary age group. In the junior schools there are talks arranged on elementary anatomy, biology and hygiene, as well as first aid and personal relationships.

Trowbridge College of Further Education continues its courses on Child Development and Home Nursing in which a health visitor is very much involved. At the other end of the scale we are taking part again with the College in pre-retirement courses in co-operation with local factories.

Another important facet of health education which health visitors undertake is that of parentcraft classes for expectant mothers, which always receive an enthusiastic and attentive audience.

Health education also continues to play a part in the Duke of Edinburgh Award scheme, Red Cross and St. John Ambulance certificate courses, as well as to Mothers' Clubs, Women's Institutes and Parent groups.

During the year "Suzy", the life size model of a twelve-year-old girl continued to be used by the health visitors in a number of schools to demonstrate the dangers of smoking. In fact so life-like does she appear from a distance that one member of staff was stopped by police when transporting 'Suzy' on the back seat of her car, to inquire about the apparent body ! The model, which smokes real cigarettes and has removable glass 'lungs' is used mainly in junior schools, but has appeared in some senior schools and is a good visual aid in teaching the hazards involved in smoking.

A watch is kept on the incidence of home accidents at all ages. Most hospitals in the County send lists of admissions of children with injuries due to accident and these often point to the need for special health visits to ensure that danger points in a particular home are guarded against to avoid repetition of the accident, and the opportunities are taken for education in home safety.

SMOKERS HEALTH CLINICS

Smokers Health Clinics which were first opened in Wiltshire in 1963, continued at Melksham, Trowbridge, Salisbury and Warminster during 1972. Thirty-five new patients attended during the year (19 men, 16 women), each patient receiving a personal consultation with the doctor and advice according to the particular needs. Twenty-nine people completed the course during the year, and the results are analysed below. It is not possible to assess accurately the long term results because of the difficulty of obtaining information from many of the persons concerned, but the relapse rate is probably at least 50%.

As long as requests for appointments are received, it is considered worthwhile continuing the service so that assistance may be offered to those who desire to give up smoking, and for their health education value.

	1971	1972	1963—72
Ceased smoking	1	2	85
Reduced to five or less daily	2	5	30
Reduced to ten or less daily	18	12	166
Changed to pipe	1	—	15
	—	—	—
Benefited by course	22	19	296
Achieved no real education	7	10	80
	—	—	—
	29	29	376
	—	—	—

**Home Nursing*

At the end of the year there were 89 home nurses, 24 being engaged whole-time on this service, and eleven half-time nursing ancillaries.

The following table shows work done during 1972 with figures for 1971 in lighter type.

	Medical	Surgical	Maternal Complications	Others	Totals
Number of cases attended ...	4,365	1,879	163	233	6,640
	4,220	1,758	217	320	6,515
Number of Visits Paid ...	111,362	34,376	1,355	8,893	155,986
	105,986	30,409	1,311	8,606	146,312

Of the 6,640 persons nursed, 155 were under five and 4,100, 62%, were over 65. The total of 155,986 visits is an increase of 6.6% on 1971 and is the highest number of visits ever paid by Wiltshire nurses, and this has been done with a minimum increase in staff during the year. This has been partly due to a full attachment of all district nursing sisters to general practitioners ; the nursing work load will continue to increase as this co-operation is further developed. A large amount of the district nursing work is with geriatric patients, a considerable part of whose care can be undertaken by nursing auxiliaries and so relieve the more qualified staff for the nursing of acute illness which in turn enables patients to be discharged earlier from hospital with dressings and sutures. The nursing auxiliaries' work is directed by the district nursing sisters ; the benefit of their employment in the home nursing service has long been appreciated here and an increase in their numbers has been approved.

It is intended to form the district sisters into teams to organise satisfactory off-duty relief and to work in closer collaboration with their colleagues the health visitors and the ancillary staff.

Six district nursing sisters have been trained as practical work instructors, to enable training for the National Certificate of District Nursing to continue.

*Statistics in this section exclude the Borough of Swindon.

**Immunisation*

It will be noted from the following table that by the end of 1972 86.9% of the children born in 1971 in Wiltshire had completed a primary course of immunisation against diphtheria, pertussis, and tetanus ; this is a decrease of 1.6% on the figure obtained by the end of 1971 for children born in 1970.

Use of the computer has enabled closer estimation of the immunisation state of Wiltshire children, as opposed to the more approximate method used in previous years. The result shows the expected pattern but a slightly more satisfactory state than was believed to be the position last year. By the end of 1972 immunisations against diphtheria (and this was in most cases combined with immunisation against whooping cough and tetanus) had been completed as follows :—

(1)	Year of birth	...	...	...	...	1968	1969	1970	1971
(2)	Nos. of children living in Wiltshire (excluding Swindon)on 31st Dec. 1972	...	...	...	...	6,043	6,632	6,797	7,001
(3)	Nos. of these children (i.e. as in line (2)) who completed primary immunisation by 31st Dec. 1972	...	...	...	...	5,272	6,082	6,250	6,081
(4)	Immunisation state at 31st Dec. 1972	...	...	...	...	87.3%	91.7%	92.0%	86.9%

IMMUNISATION AGAINST DIPHTHERIA

	PRIMARY		REINFORCING	
	1971	1972	1971	1972
No. of immunisations undertaken by :—				
County Council Medical Officers	1,921	1,919	4,093	4,977
General Practitioners	4,487	4,538	7,885	5,540
TOTALS	6,408	6,457	11,978	10,517

Combined immunisation against diphtheria, whooping cough and tetanus was provided unless separate immunisation was desired by the parent or required for medical reasons.

IMMUNISATION AGAINST WHOOPING COUGH

	PRIMARY		REINFORCING	
	1971	1972	1971	1972
No. of immunisations undertaken by :—				
County Medical Officers	1,854	1,859	1,281	1,778
General Practitioners	4,349	4,406	2,993	2,215
TOTALS	6,203	6,265	4,274	3,993

IMMUNISATION AGAINST TETANUS

	PRIMARY		REINFORCING	
	1971	1972	1971	1972
No. of immunisations undertaken by :—				
County Council Medical Officers	1,999	1,905	4,343	4,962
General Practitioners	4,608	4,683	8,374	6,209
TOTALS	6,607	6,588	12,717	11,171

*Statistics in this section exclude the Borough of Swindon.

IMMUNISATION AGAINST MEASLES

					1970	1971	1972
No. of immunisations undertaken by :—							
County Council medical officers					2,810	2,389	2,236
General practitioners					4,233	3,563	3,340
TOTAL ...					7,043	5,952	5,576

Measles vaccine was again readily available throughout most of the year although slight difficulty in obtaining supplies was experienced from November onwards. Measures have been taken to continue to publicise to parents the availability of immunisation for their children, but the number of children immunised during the year was some 370 fewer than the total immunised in 1971.

The following table summarises the work of immunisation against diphtheria, whooping cough, tetanus and measles undertaken during the year.

					Children born in years						Totals		
					Before 1957	1957 —62	1963 —67	1968	1969	1970		1971	1972
PRIMARY	Diphtheria only				—	—	—	—	—	—	—		
	Diphtheria and Whooping Cough combined				—	—	—	—	—	—			
	Tetanus only				67	104	21	1	1	2	1	198	
	Diphtheria, Whooping Cough and Tetanus combined				—	1	14	12	26	178	3,354	2,711	6,265
	Diphtheria and Tetanus combined				—	9	83	10	13	17	50	20	202
	Measles				—	7	263	195	235	855	4,024	1	5,576
TOTALS ...					67	121	381	218	275	1,052	7,429	2,733	12,241
REINFORCING	Diphtheria only				1	1	—	—	—	—	1	—	3
	Diphtheria and Whooping Cough combined				—	—	—	—	—	—	—	—	
	Tetanus only				184	349	94	11	5	6	2	3	654
	Diphtheria, Whooping Cough and Tetanus combined				—	1	113	32	131	2,314	1,410	—	4,001
	Diphtheria and Tetanus combined				—	32	3,843	1,590	77	616	366	—	6,524
TOTALS ...					185	383	4,050	1,633	213	2,936	1,779	3	11,182

IMMUNISATION AGAINST POLIOMYELITIS

The following table gives a general view of the work undertaken in 1972.

Children immunised

Age Group				Primary courses	Reinforcing doses
Children born in 1972				2,721	—
Children born in 1971				3,355	1,770
Children born in 1970				172	2,722
Children born in 1969				43	179
Children born in years 1965—68				108	5,416
Others under age 16				21	137
TOTALS ...				6,420	10,224

The following table shows completed immunisation carried out by the end of 1972, in respect of children born in the particular years :—

<i>Children born in</i>	<i>Number immunised by 31st Dec. 1972</i>	<i>Number of registered live births</i>	<i>Percentage immunised</i>
1968	5,922	6,886	86.0
1969	6,503	7,184	90.5
1970	6,487	7,117	91.1
1971	6,093	7,054	86.4

Records of immunisation of hospital staff and their families when performed by the hospital medical staff are not required by local health authority. We supplied 190 units of oral polio vaccine to hospitals in 1972 for their staffs.

For these statistics information continued to be received relating to Wiltshire children immunised at service families medical centres at Tidworth and other places.

For over 95% of 1972 born children parental consent was obtained for the full immunisation procedures and less than 2% refused all forms of protection.

During the year six more general practitioners accepted the County Council's offer to arrange their immunisation procedures through the computer and at the end of the year one hundred and twenty seven doctors were using this facility.

The apparent "swing" mentioned in the report last year, from general practitioners to County Council clinics was on investigation found to be due to an induced computer programme error, which has now been corrected. The 1971 published figures have now been corrected and the above is now an accurate picture of the division of the work between medical officers of the Health Department and general practitioners.

IMMUNISATION AGAINST TUBERCULOSIS

The following table shows the extent to which the programme was carried out. The number of children in maintained schools who were entitled to Heaf testing given in the table includes children who could not be dealt with in 1971.

Type of school or college	Schools at which immunisation was carried out		Schools at which immunisation was not carried out	
	No. of schools	No. of persons who were entitled to Heaf testing	No. of schools	Estimated No. of persons who were entitled to Heaf testing
Maintained	22	2,633	20	2,259*
Independent	4	157	8	25
F.E. Colleges	Nil	Nil	Nil	Nil
Approved	Nil	Nil	Nil	Nil

*These children will be offered Heaf testing in 1973.

The results of Heaf testing in schools at which immunisation was carried out were as follows :—

	Heaf Tested		Positive		Negative and Immunised
	No.	Percentage of those entitled to Heaf testing	No.	Percentage of those tested	
Maintained	2,348	89.18	310	13.20	1,927
Independent	143	91.08	15	10.49	108
F.E. Colleges	Nil	Nil	Nil	Nil	Nil
Approved	Nil	Nil	Nil	Nil	Nil
Total	2,491	89.28	325	13.05	2,035

Twenty-seven children had unusually strong reactions to the Heaf tests and were given appointments at the chest clinic for investigation. The results were as follows :—

Nothing abnormal discovered and not to be seen again at clinic ...	23
Nothing abnormal discovered but to have follow-up appointments	2
Kept under observation at clinic	—
Left Wiltshire	2
Failed appointments	—
	—
	27
	—

IMMUNISATION AGAINST RUBELLA

Immunisation continued of girls between their eleventh and fourteenth birthdays to provide protection for them before they reach child bearing age because of the known association between rubella in early pregnancy and congenital abnormalities in the child.

The total number of girls immunised against rubella during 1972 was 3,533 compared with a total of 2,228 immunised during 1971. 3,280 girls were immunised at school and 253 chose to go to their family doctors.

During the first three months of the year, immunisation was completed of 2,022 girls who had not been immunised by the end of 1971. Immunisation was then offered to girls born between 2nd September, 1959 and 31st August, 1960. 1,511 of these girls had been immunised by the end of the year and the remaining 590 girls who have consented to immunisation, will be completed in 1973. Those who were absent are also being followed up so that they still have the opportunity of immunisation.

IMMUNISATION AGAINST INFLUENZA

Immunisation against influenza was again offered in the early autumn to members of the staff of the County Council who are particularly exposed to infection and whose work during the winter is important in the service of the community. The following table shows the numbers of persons immunised in the various selected groups.

	1970/71	1971/72	1972/73
Staff in County Council Departments	816	800	771
Elderly Persons in County Council Homes	203	225	199
Children in County Council Homes and Special Schools ...	112	250	183
Staff in County Council residential establishments	161	200	121
	<hr/> 1,292	<hr/> 1,475	<hr/> 1,274*

(*of this number 873 received two injections in 1972)

In the previous years the totals of persons immunised against influenza were as follows :—

1967/68	657
1968/69—	896
1969/70—	1,371

Personnel again included in the 1972 arrangements included medical officers, dental officers, health visitors, district nurses, midwives, chiropodists and ambulance staffs, together with police, fire service and certain members of the administrative staff of the County Surveyor's, County Architect's, Health, and Social Services Departments.

Early in December 1972 a new strain of influenza A virus was isolated in this country and a new vaccine against it was obtained in time to enable 873 members of the County Council staff to be given protection against this English strain of the influenza virus as well as against the two most recent previous strains of A and B influenza virus.

No extensive outbreak of influenza occurred in the winter of 1972/73.

OTHER IMMUNISATIONS

Immunisation against anthrax was also provided during the year for the employees of a firm engaged on work giving rise to some risk of contracting the disease i.e. brush manufacturing. Immunisation is desirable for workers engaged in certain occupations, those mainly concerned being workers in establishments such as tanneries, glue, gelatine, soap and bone meal factories who are regularly handling imported raw materials.

Ambulance Service

During the year 12 new entrants to the Service successfully completed their 6 week training courses at the Regional School in Hampshire and a further 38 members of the staff completed two week refresher training courses at the Service's own school at Salisbury. Hospital training, which has proved very popular with the staff, continued throughout the year with 34 members attending courses at Princess Margaret Hospital, Swindon and the General Infirmary, Salisbury.

Supervision of the service at station level was improved by the appointment of Leading ambulancemen on a ratio of three at each main station and one at each sub-station. The establishment of the service is now 135 staff, 30 ambulances, 21 dual purpose vehicles, 7 cars and 1 major accident control and equipment vehicle.

The service is once more indebted to the St. John Ambulance Brigade, the British Red Cross Society and the members of the County Car Pool for their valuable assistance.

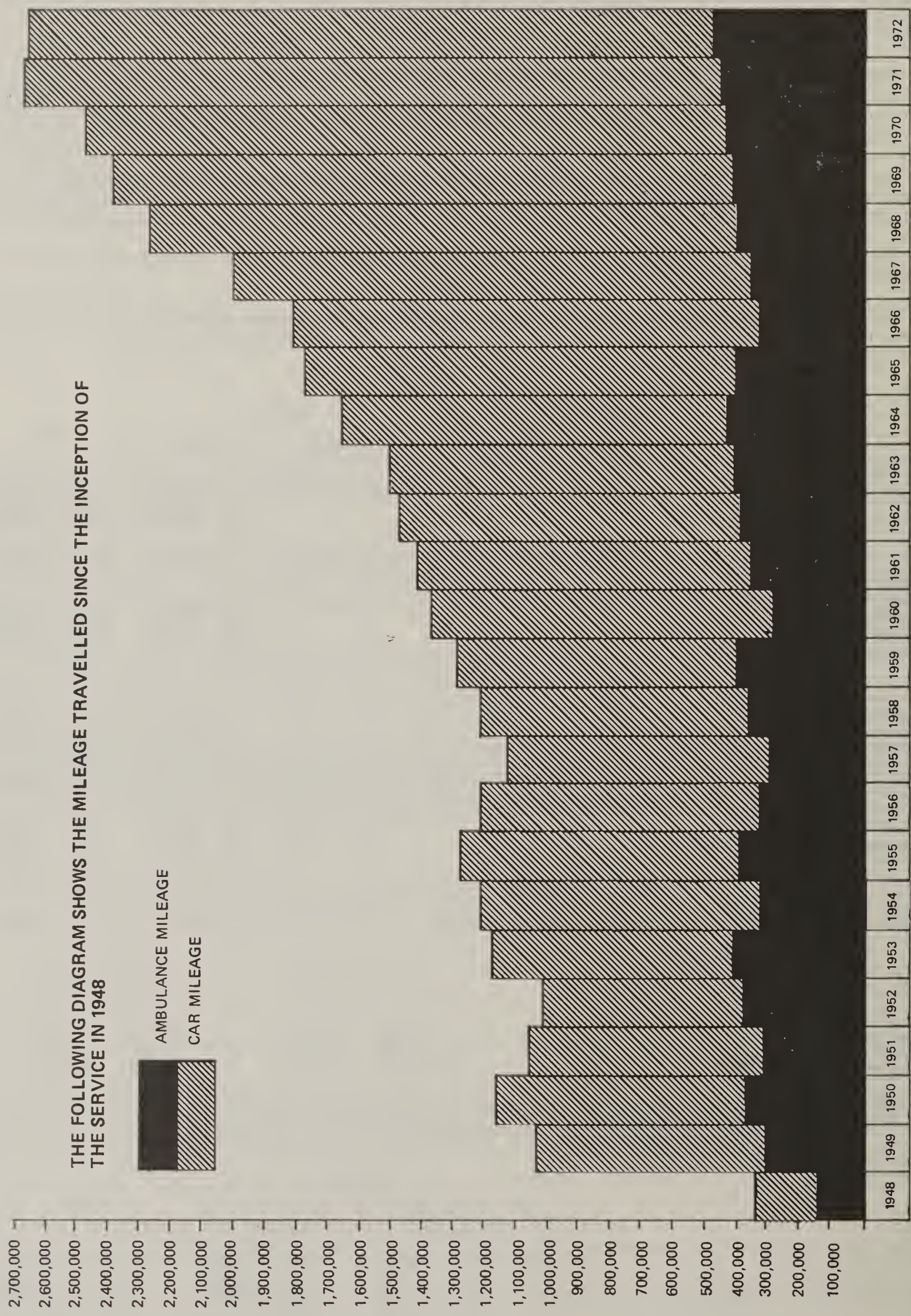
The following table shows the number of patients carried and the mileage undertaken by the Ambulance Service in each operational area during the year. The figures for 1972 are shown in heavy type.

Ambulance Area	Population (1971 Census)	Population (Reg. Gen's Estimated 1972)	Area (Acres)	Patients				Miles	
				Acc./Emerg.		Other			
TROWBRIDGE									
County Council Vehicles				2,143	2,046	24,611	30,899	265,136	299,894
County Car Pool				—	—	42,879	39,884	444,136	510,167
Hire of Multi-Seat Transport				—	—	11,291	10,789	64,680	64,416
	112,732	115,530	192,758	2,143	2,046	78,781	81,572	773,952	874,477
CHIPPENHAM									
County Council Vehicles				1,297	1,604	25,063	30,501	229,586	283,485
Voluntary Organisation Vehicles				2	—	2,663	2,351	14,207	11,406
County Car Pool				—	—	16,920	14,256	228,114	194,994
Hire of Multi-Seat Transport				—	—	494	12	1,779	40
	72,521	73,750	146,444	1,299	1,604	45,140	47,120	473,686	489,925
SALISBURY									
County Council Vehicles				1,429	1,641	9,759	10,253	115,755	118,865
County Car Pool				—	—	41,683	43,736	500,318	559,400
	110,792	112,152	259,976	1,429	1,641	51,442	53,989	616,073	678,265
SWINDON									
County Council Vehicles				3,155	3,868	62,503	68,287	258,041	320,784
Voluntary Organisation Vehicles				71	112	1,397	1,137	41,891	34,030
County Car Pool				—	—	50,600	31,673	548,778	445,428
	190,003	193,848	260,921	3,226	3,980	114,500	101,097	848,710	800,242
GRAND TOTAL	486,048	495,280	860,099	8,097	9,271	289,863	283,778	2,712,421	2,842,909

							Increase in Patients over 1971		Increase in Mileage over 1971	
County Council Vehicles	...	...	...	...	...	...	+19,139	+14.73%	+154,510	+17.79%
County Car Pool	...	...	...	...	...	...	—22,533	—14.82%	— 11,357	— .66%
Voluntary Ambulance Units	...	...	...	...	...	...	— 533	—12.89%	— 10,662	—19.01%
Hire of Multi-Seat Transport	...	...	...	...	...	...	— 984	— 8.35%	— 2,003	— 3.01%

The following table shows the number of patients carried and mileage undertaken by the County Council (NOT Volunteer or County Car Pool) vehicles (Ambulances, dual-purpose vehicles, cars).

					Patients				Miles	
					Accident or Emergency		Other			
County Council Ambulances	...	...	...	...	7,251	8,290	31,291	32,453	438,183	483,967
County Council Cars	...	...	...	...	375	411	11,715	15,595	121,232	159,565
County Council Cars (Dual-Purpose)			...	...	398	458	78,930	91,892	309,103	379,496
					8,024	9,159	121,936	139,940	868,518	1,023,028



*Prevention of Illness, Care and After Care

HEARING THERAPY

Arrangements continued as previously for co-operation between the hearing therapist and the peripatetic teachers of the partials hearing. The pattern of provision has followed the form established in previous years.

All children who have failed health visitor screening tests of hearing, together with those falling within various “at risk” categories, are referred to the hearing therapist for assessment of their auditory function. The responses of small children are assessed by free-field diagnostic and co-operative tests while older children are conditioned for a performance response to speech or pure-tones according to their age and ability. There is an exchange of findings between the hearing therapist, the School Health Service and ear, nose and throat specialists.

Parents are instructed about the causes and nature of hearing loss and on the methods of managing their children, communicating with them and developing their speech and language.

The hearing therapist supervises the entry to school of older partially hearing children as part of their concern with the implications of hearing loss in children of all ages. Where necessary children requiring continued basic teaching and language training are referred to peripatetic teachers of the deaf.

The hearing therapist continues observation of these children and of children admitted to residential schools for the deaf and partially hearing.

New referrals during year from :—

Origin										1972	1971
Awaiting initial testing at end of previous year	...	...	...	...	...	...	...	...	...	Nil	1
“At Risk” register	...	...	...	...	...	...	...	...	...	71	75
Health visitors (other referrals)	...	...	...	...	...	...	...	...	...	121	72
Otologists	...	...	...	...	...	...	...	...	...	13	10
Paediatricians	...	...	...	...	...	...	...	...	...	13	9
Child Health Clinics	...	...	...	...	...	...	...	...	...	34	17
Psychiatrists	...	...	...	...	...	...	...	...	...	2	3
Psychologists	...	...	...	...	...	...	...	...	...	4	3
Family doctors	...	...	...	...	...	...	...	...	...	17	20
Transfers into County	...	...	...	...	...	...	...	...	...	6	3
Total										281	213

Results										1972	1971
Satisfactory	...	...	...	...	...	...	...	...	...	199	164
Satisfactory : for future pure-tone audiometry	...	...	...	...	...	...	...	...	...	6	2
Continuing free-field testing	...	...	...	...	...	...	...	...	...	38	14
Conditioning for pure-tone audiometry	...	...	...	...	...	...	...	...	...	3	—
Slightly deaf (not requiring hearing aids)	...	...	...	...	...	...	...	...	...	28	27
Severely deaf (requiring training)	...	...	...	...	...	...	...	...	...	7	6
Left County	...	...	...	...	...	...	...	...	...	—	—
Died	...	...	...	...	...	...	...	...	...	—	—
Total tested										281	213
Awaiting assessment										—	—
Total										281	213

During the year 121 infants were referred by the health visitors to the hearing therapist and of these 35 were found to have hearing losses, as shown below :—

										Severe (needing hearing aid)	Slight (needing treatment)
“At Risk” register	...	...	...	...	...	...	...	...	...	1	2
Health Visitors	...	...	...	...	...	...	...	...	...	2	15
Otologists	...	...	...	...	...	...	...	...	...	—	3
Paediatricians	...	...	...	...	...	...	...	...	...	—	—
Child Health Clinics	...	...	...	...	...	...	...	...	...	—	4
Psychiatrists	...	...	...	...	...	...	...	...	...	—	—
Psychologists	...	...	...	...	...	...	...	...	...	—	—
Family Doctors	...	...	...	...	...	...	...	...	...	1	4
Transfers into County	...	...	...	...	...	...	...	...	...	3	—
										7	28

Parent guidance and audiotory training :									
Received at beginning of year	...	...	...	...	...	...	...	19	16
Training commenced during the year	...	...	...	...	...	...	...	9	10
Total children receiving training during the year								28	26
Disposal during the year :—									
Entered school for the deaf or partially hearing	...	...	...	...	...	...	...	1	1
Entered Partially Hearing Unit	...	...	...	...	...	...	...	1	—
Commenced at ordinary infants school	...	...	...	...	...	...	...	4	4
Commenced at private nursery/infants school	...	...	...	...	...	...	...	—	—
Left the County	...	...	...	...	...	...	...	—	1
Hearing aid withdrawn after observation period	...	...	...	...	...	...	...	—	1
Training continued at end of period	...	...	...	...	...	...	...	22	19
Total								28	26
Total number of children visited for training and assessment									
								398	226
Total number of visits to homes									
								615	489
Hospital hearing aid issued									
								3	6
Commercial hearing aids purchased									
								3	3

Thirty-five speech training units are available for loan to parents.

CHIROPODY

There were in post at the end of the year, in addition to the chief chiropodist, ten senior chiropodists, the whole-time equivalent of one of whom was employed in the school chiropody service. Two students were under training at the Northern College of Chiropody under the County Council's scheme, at the end of the year. Three vacancies existed in the establishment (Melksham, Corsham and Salisbury) at the end of the year. Every effort was made to relieve the effects of vacancies, by asking private chiropodists if they could undertake some of the work ; several were able to collaborate in this way but, despite the goodwill of the profession, the work accumulation was, by this measure, abated only to the extent of rather less, in total, than the time of one chiropodist.

For persons able to travel to them, treatment sessions were regularly held at fourteen County Council chiropody clinics, sessions having commenced at Devizes Health Clinic during the year. Although there were fewer County Council chiropodists in post during the year, the total number of treatments was increased slightly. More work was undertaken in clinics and also for the residents of grouped dwellings, where more treatments are possible in a day than in a normal itinerary of domiciliary work, of which there was a decrease in 1972.

Four voluntary organisations concerned with the welfare of the elderly were during the year arranging treatment by state registered chiropodists and received grants of financial assistance from the County Council towards the cost of the work. One organisation, however, the Devizes Committee for the Care of the Elderly, decided that they could not continue, and their patients were, from the end of July, treated through the County Council's service. The chiropody service organised by the Devizes Committee for the Care of the Elderly has been much appreciated by the Health Committee, and the Committee's work has been of great benefit locally, especially to the elderly.

During the year, due to the shortage of chiropodists, it became necessary to form a waiting list for persons requiring a domiciliary visit, and at the end of the year 280 persons were on the list. Throughout the whole of 1972 there were in excess of the whole-time equivalent of two chiropodists whose posts remained vacant and by the end of the year this had risen to three whole-time vacancies.

In the areas of the County where these vacancies existed it became impossible to maintain visits by the chiropodist at the recommended intervals. While it is possible to treat persons in the priority group after approximately 3 months on the waiting list, the least urgent applications were invariably waiting, on average, 9 months before receiving their first treatment. There is a national shortage of state registered chiropodists. A review of methods of working is being undertaken to deploy the available chiropodists with the maximum efficiency.

Demand for the service continued at a high level throughout the year, although applications were fewer than in 1971. This was probably due to potential patients becoming aware of the waiting list. It is anticipated that when the vacancies in the establishment are filled the demand will rise with the increasing proportion of elderly persons, and with growing appreciation of the benefits of chiropody treatment.

	By County Council Chiropodists		By private chiropodists working on behalf of the County Council		By Voluntary Organisations		Total Number of persons treated	
Expectant Mothers ...	3	1	—	—	—	—	3	1
Physically Handicapped*	304	290	—	—	—	—	304	290
Persons of retirement age**	5,344	5,544	137	126	803	521	6,284	6,191
	5,651	5,835	137	126	803	521	6,591	6,482

*Includes physically handicapped women aged 60—65. **Includes non physically handicapped women aged 60—65.

Treatments by	In patients' homes	In clinics	In grouped-dwelling sessions	In Chiropodists' surgeries	In Residential homes for the elderly	Total number of treatments
County Council Chiropodists	17,395 15,182	3,275 4,197	1,469 3,442	— —	4,878 4,922	27,017 27,743
Private chiropodists on behalf of the County Council	88 71	— —	— —	1,300 1,090	— —	1,388 1,161
Voluntary Organisations aided by County Council grant	1,255 1,214	937 835	— —	2,054 1,877	— —	4,246 3,926
	18,738 16,467	4,212 5,032	1,469 3,442	3,354 2,967	4,878 4,922	32,651 32,830

The conditions treated by the County Chiropodists were :—

Corns, callouses, etc. not complicated by other physical conditions	...	...	3,882	4,982
Severe nail conditions	...	...	315	533
Similar lesions complicated by physical conditions :—				
Diabetes	...	...	194	258
Sepsis	...	...	21	26
Severe circulatory disorders	...	...	84	126
Gangrene	...	...	4	4
			<u>4,500</u>	<u>5,929</u>

CERVICAL CYTOLOGY

There were 12 clinics operating at the end of the year.

During the year 2,080 women, mainly from 25 years of age upwards, had cervical cytology tests. Analysis of the social classes showed the usual pattern, viz. a predominance of those in social class III.

Year	Distribution of Social Classes				Age
	Social Class I & II	Social Class IV & V	Social Class III	Services and others	% age under 35 years
1971	19.4%	14.9%	56.8%	8.9%	42.7%
1972	19.3%	13.7%	56.3%	10.7%	33.5%

Domiciliary visits and visits to factories were made. Of the 49 women tested 13 were social class IV and V. Age distribution of attenders at Cytology Clinics in Wiltshire :—

Age Group	1970	1971	1972
Under 25 years	214	200	135
25—29	384	338	232
30—34	409	365	329
35—39	341	294	387
40—44	286	298	315
45—49	213	267	262
50—54	143	181	218
55—59	97	111	119
60—64	26	32	56
65 +	10	19	27
	2,123	2,106	2,080

Of the above total of 2,080 examinations made, there were 5 abnormal results reported by the laboratory, of which 2, after further investigation, proved to be positive. Other conditions found at the time of attendance and requiring treatment were followed up and women referred to their own doctor.

Examination of breasts is carried out as a routine at cervical cytology sessions as a measure for early detection of cancer.

The cervical cytology recall system came into operation nationally in January 1972, recalling all women who had received a test 5 years previously. During the year a total of 1,650 women were recalled in Wiltshire (excl. Swindon).

1966—1972 ANALYSIS OF POSITIVE CASES

Social Class	Total Number of Tests	Number of Positives	Parity (LB,SB,Ab)	No.	age Group	No.
I & II	2,598	5	Nil	4	25—29	2
III	8,016	17	1	11	30—34	3
IV & V	2,149	7	2	5	35—39	5
Services and others	1,760	4	3	6	40—44	8
	14,423	33	4	1	45—49	8
			5	3	50—54	1
			6 and over	3	55—59	3
				33	60—64	2
					65 and over	1
						33

Incidence of carcinoma in situ was 2.0 per 1,000 women tested.
Incidence of active carcinoma was 0.27 per 1,000 women tested.

AIDS FOR THE INCONTINENT

During the year, the demand for incontinence pads for the use of the bedfast patient and for incontinence pants with disposable linings for the ambulant patient increased. To meet the needs of patients, 1,065 pairs of pants were issued, together with a considerable quantity of absorbent linings and underpads to protect the bed.

More of these items are supplied every year, as more patients are cared for in their own homes.

These aids are appreciated both by patients and those who are caring for them.

MEDICAL LOAN SERVICE—PROVISION AND SUPPLY OF EQUIPMENT

There are 24 centres which maintain stocks of equipment and from which 1,635 loans were made during the year.

The demand for wheelchairs, commodes and walking frames continued to be heavy.

During the year an electrically operated posture bed and special mattress were purchased and the use of these items, and also ripple beds, remained continuous. Artificial sheepskin pads were also in constant demand, making an overall increase in the number of loans made to the public.

RENAL DIALYSIS AT HOME

A number of Wiltshire patients (seven in Wiltshire and one in Swindon Borough) were referred by hospitals during the year having been found suitable candidates for home haemo-dialysis and were commencing training in the use of the machine.

In three cases a room in the home was adapted, whilst in another instance the family was re-housed to provide a spare room which could be adapted to laid-down requirements for the dialysis machinery to be installed. In a further case the new house being built by the family was designed to incorporate the special requirements for the installation of home dialysis machinery and, in yet another, an extension already being built was designed to contain the machinery. One patient, whose one spare room was not large enough for adaptation, was provided with a mobile cabin specially designed for home haemo-dialysis, situated in the garden.

Health visitors continue to give support and guidance to all patients, including one child whose parents' home was adapted by their landlord and employer at his own expense.

It was decided during the year that in future where either an existing room in a private dwelling was adapted for the purpose of home haemo-dialysis or a recoverable cabin was provided, the full cost of the adaptation and all subsequent necessary reinstatement would be borne by the County Council ; the right was reserved, however, to recover part or all of the cost of adaptation work that would result in enhancement in the value of the property, such as where a permanent extension of the dwelling was built.

Tuberculosis

NOTIFICATIONS

Primary notifications of tuberculosis and corresponding incidence rates in 1944, the peak year, and at five yearly intervals since 1953, are shown in the following table :—

Year	Number of Primary Notifications			Incidence per 1,000 of Population		
	Respiratory Tuberculosis	Non-Respiratory Tuberculosis	Tuberculosis (all forms)	Respiratory Tuberculosis	Non-Respiratory Tuberculosis	Tuberculosis (all forms)
1944	423	122	545	1.23	0.35	1.58
1953	329	49	378	0.84	0.12	0.96
1958	162	41	203	0.40	0.10	0.50
1963	108	24	132	0.24	0.05	0.29
1968	80	29	109	0.16	0.06	0.22
1972	63	20	83	0.13	0.04	0.17

From 1944, the peak year, to 1953, the incidence of new cases of tuberculosis fell by 39%. In the next ten years from 1953, when the impact of modern drugs began to take effect to 1963, the incidence fell by 81%, since when the decline has continued.

Eleven notified cases of tuberculosis moved into Wiltshire from other counties during the year.

DEATHS

Deaths due to tuberculosis and corresponding death rates in five yearly averages are shown in the following table :—

Wiltshire							England and Wales		
Number of Deaths			Death rate per 1,000 Population				Death rate per 1,000 Population		
Year	Respira- tory Tuber- culosis	Non- Respira- tory Tuber- culosis	Tuber- culosis (all forms)	Respira- tory Tuber- culosis	Non- Respira- tory Tuber- culosis	Tuber- culosis (all forms)	Respira- tory Tuber- culosis	Non- Respira- tory Tuber- culosis	Tuber- culosis (all forms)
1953 to 1957	33	6	39	0.084	0.014	0.098	0.13	0.02	0.15
1958 to 1962	20	2	22	0.048	0.004	0.052	0.074	0.009	0.083
1963 to 1967	16	2	18	0.036	0.004	0.040	0.045	0.006	0.051
1968 to 1972	8	4	12	0.017	0.009	0.026	0.023	0.011	0.034

Deaths from respiratory tuberculosis fell from 94 in 1950 to 8 in 1972, a fall of 91%. In the same period deaths from cancer of the lung rose from 69 to 257 a rise of approximately 273%.

HEALTH VISITING AND EXAMINATION OF CONTACTS

During the year 447 visits were made by health visitors to families with a tuberculous patient to ensure that all contacts attended the chest clinic for examination.

TUBERCULOSIS IN CONTACTS

Year	Primary Notifications (Respiratory and Non-Respiratory Tuberculosis)	Contacts examined for first time in the year	New Contacts examined per notified case	New Contacts diagnosed as suffering from tuberculosis included in column 2)	Percentage of new contacts examined found to be tuberculous	Contacts found to be tuberculous although under supervision in previous years	Total of new and old contacts found to be tuberculous	New and old contacts found to be tuberculous shown as percentage of Primary Notifications
1953 to 1957	277	822	3.12	21	2.6	18	40	15%
1958 to 1962	164	861	5.3	15	1.8	9	24	15%
1963 to 1967	121	817	6.8	14	2.3	8	22	18%
1968 to 1972	85	1,038	12.6	5	0.5	3	8	10%

PROTECTION OF CHILDREN AGAINST TUBERCULOSIS

Entrants to the staff of the County Council whose work will bring them in close contact with groups of children, are required to submit a satisfactory report on a recent chest X-ray before the appointment is confirmed. This has been a requirement in the case of health visitors, district nurses, midwives, staff of children's homes, entrants to the teaching profession and some other posts.

A total of 861 were X-rayed before appointment during 1972 but none were found unsatisfactory. Three yearly follow up X-rays are offered.

TUBERCULOSIS IN CHILDREN

Four children under 15 years of age were notified as suffering from tuberculosis, 2 respiratory and 2 non-respiratory. One occurred in the Borough of Swindon and the remaining 3 were from the County area outside Swindon. Where tuberculosis occurs in children of school age an investigation of the school contacts by tuberculin testing and X-ray of the school staff is arranged, as well as a routine follow up of the home and family contacts. One of the non-respiratory cases was reported as having tuberculous meningitis. Investigation of the school contacts by tuberculin testing and the teaching staff by chest X-ray was arranged, but no evidence was found to indicate that the source of infection was in the school. The child subsequently recovered.

The percentage of positive reactors to the routine tuberculin skin testing of 13 year old children was 13.2% in 1971 and 13.05% in 1972. In 1955 when the scheme of tuberculin skin testing first commenced the percentage of positive reactors was 36.8%. The average over the last five years is 14.5%.

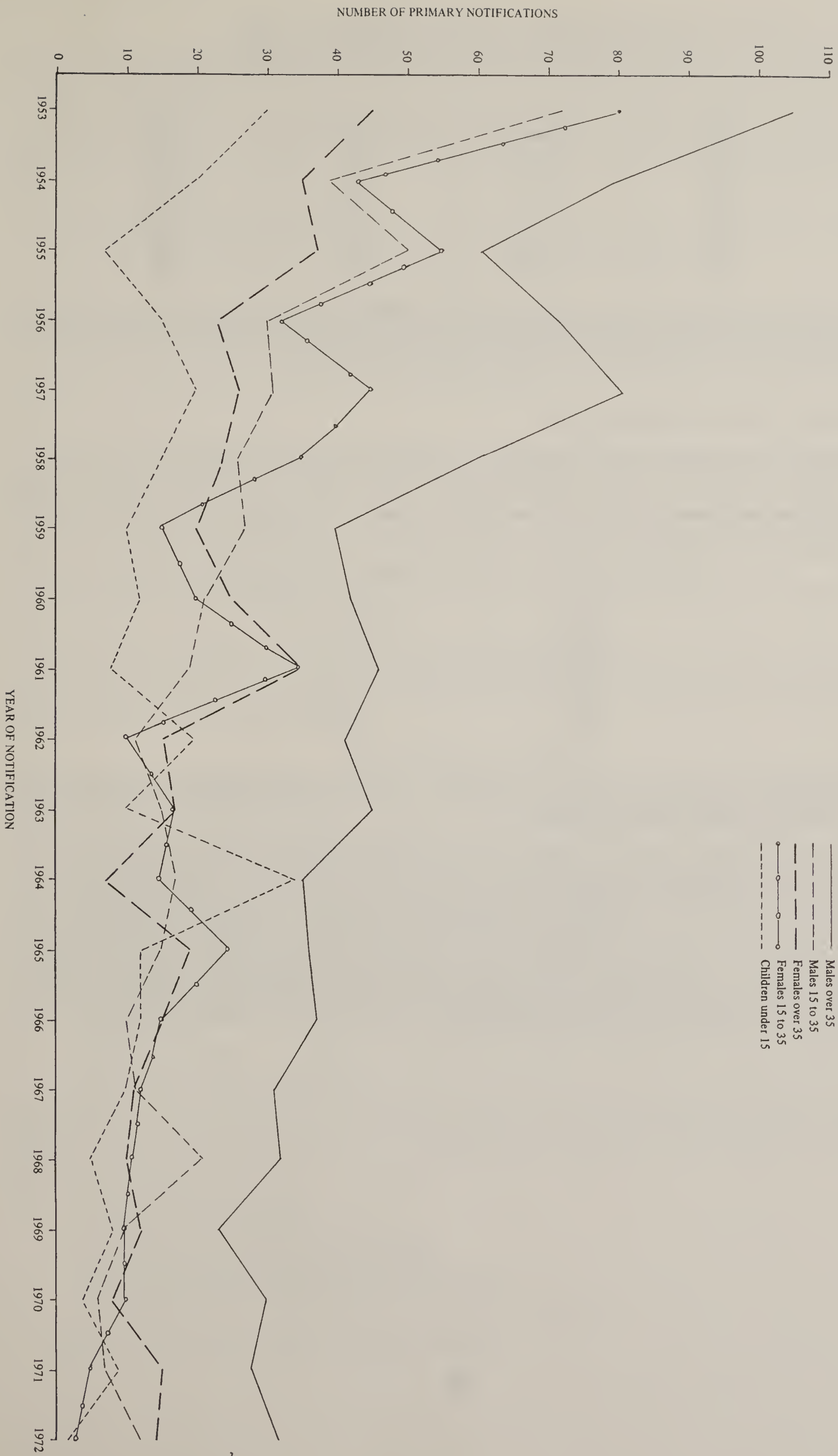
B.C.G. IMMUNISATION

The following table shows the number of contacts tuberculin tested and immunised. Immunisation of schoolchildren is reported separately on page 27.

	County (excl. Swindon)	Swindon	Total
Number skin tested	402	60	462
Number found positive	52	16	68
Number found negative	350	44	394
Number immunised	455	90	545
Babies immunised at birth	105	46	151

Babies immunised soon after birth are not given a skin test, which accounts for the number immunised (545) being 151 in excess of the number found to have negative reaction to the skin test. The number of contacts immunised since the scheme started in 1950 is 9,799.

RESPIRATORY TUBERCULOSIS – ANNUAL PRIMARY NOTIFICATIONS SINCE 1953 IN SELECTED AGE GROUPS



CASES OF TUBERCULOSIS REMAINING ON CLINIC REGISTERS

The number of new and old notified respiratory and non-respiratory tuberculosis patients remaining under active treatment and supervision at the end of selected years is shown in the following table :—

<i>Year</i>	<i>Respiratory</i>	<i>Non-Respiratory</i>	<i>Total</i>
1945	974	181	1,155
1950	1,416	434	1,850
1955	1,755	283	2,038
1960	1,800	299	2,099
1965	1,476	211	1,687
1970	560	136	696
1971	501	127	628
1972	503	129	632

In addition to the 632 notified cases, 365 who were not notified but had minimal forms of tuberculosis and had reached the arrested stage requiring observation only remained on the clinic register at the end of the year thus making a total of 997 compared with 1,004 at the end of the previous year.

INFECTIOUS CASES OF TUBERCULOSIS

During the year 37 patients (32 new, 5 old) had a positive sputum compared with 36 in the previous year. In 1953, the year when the modern drugs began to take effect, 101 persons in Wiltshire were known to have positive sputum. By 1963, the number had dropped to 50. Since 1963, the decline in the number of sputum positive cases has been much more gradual as the table below shows, corresponding to the pattern of decline in notifications over the same period.

Number of patients in Wiltshire whose sputum was positive

<i>Year</i>	<i>Sputum positive</i>
1953	101
1963	50
1968	44
1969	47
1970	42
1971	36
1972	37

Although there was a rise in the number of primary notifications of tuberculosis from 74 in 1971 to 83 in 1972, this is expected to be a passing variation in prevalence. At the same time it comes as a warning that relaxation in control procedures would be imprudent.

Since the discontinuance at the end of 1968 of the agency arrangement with the regional hospital boards in connection with the administrative arrangements for the treatment, prevention and aftercare of tuberculosis which has been in operation since 1948, Wiltshire has been served by three consultant general physicians with an interest in chest diseases who are employed by the regional hospital boards. Their terms of employment include, by arrangement with the boards, responsibilities on behalf of the local health authority in connection with prevention and aftercare of tuberculosis. Effective liaison has been maintained and their advice and co-operation on various aspects in the field of prevention including epidemiology of tuberculosis, searching for sources of tuberculous infection, contact tracing, B.C.G. immunisation of contacts at special risk of infection, supervision at the chest clinics of positive reactors to the tuberculin testing of 13-year-old children, investigation of tuberculosis occurring in schools, etc., has proved most valuable.

**Miscellaneous Services*

CHRONIC SICK BEDS

Of the 64 cases referred by the Salisbury Group Hospital Management Committee for investigation of the social circumstances, priority admission was recommended in 37 cases. In 2 cases a short stay was recommended, and a request was made for 4 names to be placed on the waiting list. In most cases referred, the patient was already receiving the services of a home help, and in many instances the district nurse was in attendance.

REGISTRATION OF NURSING HOMES

One nursing home, with 15 beds for the nursing of medical cases, closed during the year, while one additional home was registered, providing 5 beds for the nursing of the elderly infirm of either sex.

At the end of the year there were 5 homes registered, providing a total of 68 beds.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

Advice is given to the Director of Social Services on the suitability from a health point of view of applicants for registration as child minders and of persons who will manage or be employed in day nurseries. Before registration is approved health visitors are consulted regarding the standard of care likely to be provided and also visit the nurseries and the groups of children with child minders, quarterly to give advice on matters of health and hygiene.

NURSES AGENCIES ACT, 1957

Renewal of the only licence in force in the County at the beginning of the year was not applied for.

ADOPTION ACT, 1958

There were 44 prospective adopters, on whom confidential medical reports were given, some involving contact with general practitioners of applicants. Enquiries were also made of general practitioners and consultants concerning the natural mother and babies, in individual cases, and numerous contacts were made with social workers on babies being considered for placement.

Reports were obtained from health visitors, in 37 cases, on the suitability of families with whom babies had been placed, with a view to adoption.

REGISTRATION OF BLIND AND PARTIALLY SIGHTED PERSONS

The register of blind and partially sighted persons is maintained by the Social Services Department, but where necessary, arrangements for examinations by ophthalmologists continue to be made by the Health Department, to whom reports in all cases are submitted. During the year reports were obtained on 188 persons. 136 were newly certified as blind and 33 as partially sighted.

OCCUPATIONAL HEALTH

An Occupational Health Service for the County Council's staff covering approximately 20,000 full and part-time staff was introduced in March 1972 by the employment on a part-time basis of a Medical Officer of the Health Department holding the Diploma in Industrial Health. It is intended that the service shall include :—

- (1) Investigation (including field investigation) with the agreement of the Chief Officer or Head of each Department of the factors involved in the various types of employment or proposed employment within the Department. To elicit and assess health hazards or other physical or mental health factors related to such employment, and to provide advice to the Chief Officer or Head of the Department, to the employees concerned and to the County Medical Officer of Health.
- (2) Examination of cause of sickness, accident and premature retirement with a view to prevention.
- (3) Consideration of the standards of fitness required for particular posts.
- (4) Health oversight of employees of the County Council who are handicapped or have suffered illness or are undergoing rehabilitation, and advice to such persons and to the Chief Officer or Head of Department on matters relevant to their employment. Co-operation, where necessary, with the employee's own medical advisers.
- (5) Oversight of provision of emergency treatment appropriate to any particular hazards, and of first aid arrangements for the staff generally.

The first year of this service has been one of general investigation and orientation. The Occupational Health Medical Officer has visited Heads of Departments and various establishments within the County, commencing with those which appear to be likely to have the more hazardous or more noticeable problems. Where indicated, reports are issued to Chief Officers for discussion or action as may be necessary. So far the following establishments have been visited :—

County Library Headquarters, Trowbridge.
Branch Library, Trowbridge.
County Land Agent's Office, Trowbridge.
County Land Agent's Estate Yard, Elcombe.
County Land Agent's School Grounds Section.
County Surveyor's Divisional Depot, Wootton Bassett.
County Surveyor's Central Plant Depot and Sign Shop, Melksham.

*Statistics in this section exclude the Borough of Swindon.

County Surveyor's Motorway Units, Stanton St. Quinton and Plough Hill.
 Chippenham College of Further Education.
 Lackham College of Agriculture.
 Salisbury College of Technology.
 Trowbridge Technical College.
 County Fire Service Establishments.

This procedure has been interspersed with specific problems raised by Departments or individuals which have varied from questions on working conditions and fitness for work to problems of a personal nature. With the permission of the employee, contacts have been made with general medical practitioners where necessary. Contact has also been made with the Factory Inspectorate and the Employment Medical Advisory Service.

Assistance is being given in the preparation of a scheme to ensure that staff are adequately covered by first aid arrangements.

Another health measure undertaken in this sphere was the immunisation of some members of the staff against influenza, as described in the section on Immunisation in this Report.

MEDICAL CLEARANCE OF ENTRANTS TO COUNTY COUNCIL'S SERVICE

During 1972, approximately 70% of entrants to the County Council's service completed a medical questionnaire on appointment. The use of the questionnaire has continued to prove very satisfactory since its introduction in October 1970, reducing the delay which previously occurred when all entrants were required to have a full medical examination. If any information in the questionnaire indicates the need for a full medical examination, the candidate is referred to his doctor.

Medical examination remains a requirement for the ambulance and fire services, the police force, entrants to the teaching profession and food handlers.

A total of 2,611 medical questionnaires and reports was dealt with in 1972, compared with 2,126 in 1971, as the following table shows :—

1. MEDICAL QUESTIONNAIRES

	1971	1972
(a) Medical questionnaire only	855	893
(b) Medical questionnaire including chest x-ray	325	501
(c) Medical questionnaire followed by enquiry to general practitioner	131	105
(d) Medical questionnaire followed by medical examination	21	22
Total	1,332	1,521

2. MEDICAL EXAMINATION REPORTS

(a) Fire Service	34	106
(b) Ambulance Service	20	19
(c) Permanent posts in the School Meals Service	232	354
(d) Temporary posts in the School Meals Service	24	54
(e) Food handler posts in premises other than those of School Meals Service	41	37
(f) Police Force	66	72
(g) Teaching Profession	10	20
Total ...	427	662

OTHER MEDICAL EXAMINATION REPORTS

(a) Medical examinations for fitness to return to duty after illness in School Meals Service and food handling posts in other County Council premises	28	39
(b) Enquiries in connection with prolonged illness and breakdown pensions	59	52
(c) Annual examination of persons over 65 years employed by the County Council	68	54
(d) Enquiries regarding fitness to drive	154	196
(e) Medical examinations arranged for other authorities	58	57
(f) Disabled Persons Badges for Motor Vehicles	—	30
Total ...	367	428
GRAND TOTAL ...	2,126	2,611

MEDICAL ARRANGEMENTS FOR LONG-STAY IMMIGRANTS

Since January, 1965, notices have been received from Port Health Authorities in respect of 1,353 long-stay immigrants whose destination addresses were in Wiltshire. Arrangements have been made for these persons to be contacted by the health visitor for the purpose of explaining facilities available under the National Health Service and of persuading them to register with a medical practitioner, with whom responsibility for a chest X-Ray rests.

	1965	1966	1967	1968	1969	1970	1971	1972
Notices received	227	149	136	164	163	162	134	218
Successfully contacted	190	140	116	136	129	137	84	168
Removed to known address in other areas and notices forwarded to appropriate Medical Officer ...	18	6	14	21	24	22	5	12
Untraceable	19	3	6	7	10	3	45	38
	227	149	136	164	163	162	134	218

None of the immigrants referred, who were successfully contacted after arrival in Wiltshire, have subsequently been notified as suffering from respiratory tuberculosis.

Sanitary Circumstances of the County

WATER SUPPLY

I am indebted to the Director General of the Meteorological Office for the rainfall figures for 1972 from eight selected rainfall stations in Wiltshire which are given in the following table.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Year	
Swindon Town Gardens N.G.R. 41-150834 476	63.0	74.2	83.6	67.3	80.0	43.7	29.2	20.8	34.0	31.0	59.7	104.6	mm	inches
Malmesbury, Shipton Moyne N.G.R. 31-899887 312	82.0	86.2	57.4	60.5	75.0	59.9	41.9	36.8	33.3	29.4	68.6	140.7	771.7	30.38
Aldbourne N.G.R. 41-260756 460	76.5	71.9	102.9	77.0	71.6	46.8	50.0	23.5	26.8	38.5	81.1	120.5	787.1	30.99
Trowbridge N.G.R. 31-858577131	65.3	75.9	58.4	72.4	56.1	55.6	24.6	20.3	21.6	80.3	98.7	91.8	721.0	28.39
Salisbury, Atherton House N.G.R. 41.150307 250	101.5	95.8	91.1	54.8	68.5	46.5	45.5	20.1	22.8	39.3	83.9	117.0	786.8	30.98
Mere N.G.R. 31-820326 350	108.1	107.8	82.0	82.7	71.2	66.9	51.2	34.9	32.4	49.4	116.2	174.9	977.7	38.49
Upavon N.G.R. 41-161548 578	93.6	93.9	106.6	65.6	68.2	56.6	57.3	26.4	28.2	40.7	91.9	122.9	851.9	33.54
Stourhead N.G.R. 31-778341 600	109.5	110.7	78.9	78.2	71.2	78.5	46.8	34.7	34.3	53.6	116.2	154.8	967.4	38.09

Average General Rainfall for England and Wales 1972—848mm (33.39 inches)

During the year 3 water supply schemes were submitted to the County Council by the water boards for observations and grant. 9 schemes were under construction and 7 others were completed during the year. Schemes approved, in progress or completed during the year are given in the following table :—

Water Board	Scheme	Approved in 1972	In Progress 1972	Completed in 1972
North Wilts	Middlewick, Corsham	£3,354	£3,354	£3,354
South Wilts	Shrewton to Stapleford and supply to Berwick St James	£37,400		
Swindon Water Undertaking	Marten Water Supply Bishopstone and Foxhill Broad Hinton, Broad Town and Clyffe Pypard ...		£5,600 £45,386 £16,590	£16,590
West Wilts	Stourhead (Western) Estate Hinton House, Great Hinton Tuckingham, Tisbury Roundhill and Baycliffe Greenwich Cottages, Fonthill Gifford, Tisbury ...		£5,144 £852 £3,740 £2,333 £745	£5,144 £852 £3,740 £2,333 £745

LAY-BY SANITATION

The Mere and Tisbury and the Warminster and Westbury Rural District Council continued to manage the conveniences provided by the County Council adjoining lay-bys on the TR.303 and the TR.36. These facilities were very much appreciated by the public at large and were open twenty-four hours a day throughout the year.

During the year work commenced on the erection of public conveniences situated in the picnic areas on both sides of the A.429.

CARAVAN SITES ACT, 1968

In March site works commenced at Lode Hill, Downton. The erection of the buildings and the provision of hard standings, etc., started in September. When completed this site will provide facilities for twelve gypsy families.

Officers of the County Council continued their search for further sites. In all nine sites were examined and none of them proved suitable.

Consultations in respect of the land at Hay Lane, Wroughton commenced. Numerous objections were received and in July the site was appropriated from the Smallholdings Committee to the Health Committee. Tenders were invited for the necessary works to provide facilities for thirty families. No tenders were received, however, early in 1973 tenders were again invited.

In August the site was illegally occupied by a number of caravan dwellers. Eventually the site was vacated and the fencing of the site commenced. Following this no further illegal use of the site occurred.

RURAL HOUSING

Housing statistics including grants for 1972 are shown in Appendix 'A.'

SEWERAGE

12 proposed schemes were submitted by rural district councils to the County Council for observations and/or grant during 1972. 25 schemes were under construction and 8 were completed during the year. Rural sewerage schemes approved, in progress or completed in 1972 are given in the following table :—

Rural District	Scheme	Estimated Cost		
		Approved during 1972	In Progress during 1972	Completed during 1972
		£	£	£
Amesbury	Bourne Valley Stage II		133,600	
Bradford and Melksham ...	Monkton Farleigh		43,082	43,082
	Semington	48,941	48,941	
	Staples Hill, Westwood	13,516		
Calne and Chippenham	S. Eastern		260,863	
	Burton		16,000	
Cricklade and Wootton Bassett	Ashton Keynes		162,600	
	Purton Stoke		22,800	22,800
	Latton and Marston Meysey	191,897		
Devizes	Urchfont Works		73,000	73,000
	Seend Cleeve and Stocks Area		56,100	
	Extension to Rowde Sewage Works	148,000		
	Beechingstoke	29,125		
Highworth	Extension to Blunsdon Sewage Works		11,750	11,750
	South Marston		146,417	
	Coate		19,712	19,712
	Chiseldon Main Drainage	185,200		
Malmesbury	Corston		61,200	61,200
Marlborough and Ramsbury ...	Mildenhall		85,600	
	Kennet Valley		229,000	
	Extensions to Kennet Valley	15,200	15,200	
	Ogbourne	284,106		
Mere and Tisbury	East Knoyle		190,000	
	Extensions to existing sewerage system at Tisbury		37,370	
	Chilmark with Teffont	276,500		
Pewsey	Wilsford	24,853	24,853	24,853
	Extensions to Netheravon Sewage Works	252,000		
Salisbury and Wilton	Landford		320,000	
	Winterslow		534,860	
	Chalke Valley (main drainage of Britford)	70,570		
Warminster and Westbury ...	Whorwellsdown		456,000	
	do. (Amended)		117,550	
	Bishopstrow		23,000	
West Wilts Water Board ...	Divers Bridge, Corsley		8,295	8,295

SUPERVISION OF MILK AND FOOD

Number of registered Milk Producers in Wiltshire	...	...	...	1,632
Number of licensed Producer/Retailers in Wiltshire	...	...	...	17
Number of Producer/Wholesalers in Wiltshire	...	...	...	1,615
Number of Milk Distributors in Wiltshire	...	...	...	417
Number of pasteurising dairies	...	...	...	5

The Health Department's work in connection with the milk supply was continued throughout the year with the aim of ensuring that all milk sold within the County reached the consumer in a safe and clean condition. The County Council's Public Health Inspectors made weekly visits to the five pasteurising plants and took 503 samples. Of these 503 passed the phosphatase test and 501 passed the methylene blue test. The two samples that failed were Pasteurised Channel Island and Pasteurised Cartoned milk ; no reason for these failures could be found.

District Councils continued on behalf of the County Council to take samples from distributors and producer retailers selling milk within the County. The number of samples taken and laboratory results are given in the following table. 1971 figures are given in light type.

Type of Milk Sample	Estimated Annual Sample Target		Number of Samples Examined		Laboratory Results				Percentage of sample failures	
					Pass		Fail			
Raw Milk Statutory Test ...	237	258	181	253	169	224	12	29	6.63%	12.95%
Raw Milk Biological Test ...	237	258	120	145	120	138	—	7	Nil %	5.07%
Heat Treated Statutory Test	4,045	3,929	1,919	2,141	1,834	2,090	85	51	4.43%	2.44%
TOTALS ...	4,519	4,445	2,220	2,539	2,123	2,452	97	87	4.37%	3.54%

FOOD AND DRUGS

I am indebted to the Chief Inspector of Weights and Measures for the following information concerning food and drugs administration during 1972. The County Council is the Food and Drugs Authority in all areas of the County outside the Borough of Swindon, and the Food and Drugs Act 1955, together with its many supporting Orders and Regulations, is enforced by the County Council Weights and Measures Department.

A total of 907 samples were obtained throughout the area controlled, steps being taken to cover the widest range of articles to ensure compliance with all the current legal requirements.

PROSECUTIONS

Trade	Offence	Contrary to	Fine £ p	Costs £ p	Venue
Butcher	Selling sausages deficient in meat content	The Sausage & Other Meat Product Regulations 1967 Reg. 5	25 00	6 55	Box
Meat Product Manufacturers	Selling sausages deficient in meat content	The Sausage & Other Meat Product Regulations 1967 Reg. 5 and Sec. 113(3) of the Food and Drugs Act, 1955	45 00	6 55	Marlborough
Meat Product Manufacturers	Selling sausages deficient in meat content	The Sausage & Other Meat Product Regulations 1967 Reg. 5 and Sec. 113(3) of the Food and Drugs Act 1955	Case dismissed		Marlborough

OTHER ACTION

Nature of alleged offence	Written Caution	Attention drawn to irregularities	Referred to other Authority
Food —substandard	1	2	9
—misdescribed	1	—	—
—containing foreign body	2	1	6
—incorrectly labelled or advertised	1	2	1

REFUSE DISPOSAL

The County Council's Local Government Committee at their first meeting resolved that working parties of officers should be set up "to consider likely administrative problems arising from the transfer of functions resulting from the Local Government Bill."

A Working Party was set up to consider refuse disposal, the membership of which consisted of one technical officer and one non-technical officer from both the County Council and from each of the five districts. The Working Party agreed that the County Public Health Inspector should be asked to attend all meetings of the Working Party and he was appointed a member of the Technical Sub-Committee.

The Working Party reported to the Local Government Committee in October that "they have noted that there is a considerable support for incineration as a solution for the County's refuse disposal problems, no support at all for pulverisation, and most districts consider that tipping has a very limited future in view of the increasing shortage of suitable sites, which in some areas will become critical by 1971. The Working Party are firmly of the view that incineration provides the only feasible solution to the County's refuse disposal problems."

TOWN AND COUNTRY PLANNING

On a number of occasions during the year the County Planning Officer asked for my observations on planning applications which he had received which could have public health implications or might adversely affect the environment. Four of them related to applications for controlled tipping. In respect of these, consultations took place both with the statutory water undertakings and the river authorities.

In addition to specific applications, on a number of occasions consultations took place between the County Planning Officer and myself on the possible effect of planning policy on the health and well-being of the people of Wiltshire.

Swindon Borough

The following are the statistics for 1972 relating to functions of the health service delegated to the Swindon Borough Council under Section 46 of the Local Government Act, 1958.

BIRTHS

				Adjusted live births	Adjusted still births	Total adjusted births
Domiciliary	...	...		45	—	45
Institutional	...	...		1,372	9	1,381
TOTAL	...	...	...	1,417	9	1,426

PREMATURE BIRTHS

During the year there were 14 deaths of premature babies of which 9 weighed less than 3 lbs. 4 ozs. at birth.

CLINIC SERVICES

ANTE-NATAL AND POST-NATAL—None

ANTE-NATAL, MOTHERCRAFT AND RELAXATION CLASSES—None

CHILD HEALTH CLINICS

Number of children who attended during the year				Number of sessions held by				Total number of sessions
Born in 1972	Born in 1971	Born in 1967 to 1970	Total	Medical Officers	Health Visitors	G.P.'s employed on a sessional basis	Hospital medical staff	
1,101	1,092	1,016	3,209	507	60	—	—	567

HEALTH VISITING

Cases visited by health visitors													Number of cases
Children born in 1972	...	...	...	...	...	...	...	...	...	...	...	...	1,416
Children born in 1967-71	...	...	...	...	...	...	...	...	...	...	...	...	3,424
Total	...	...	...	...	...	...	...	...	...	...	...	...	4,840
Persons aged 65 or over	...	...	...	...	...	...	...	...	...	...	...	...	425
Number of tuberculous households visited	...	...	...	...	...	...	...	...	...	...	...	...	26
Number of households visited on account of other infectious diseases	...	...	...	...	...	...	...	...	...	...	...	...	6
Other cases	...	...	...	...	...	...	...	...	...	...	...	...	302

DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES DURING 1972

Number of domiciliary confinements attended by midwives under N.H.S. arrangements					Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before 10th day
Doctor not booked		Doctor booked		Total	
Dr. present	Dr. not present	Dr. present	Dr. not present		
—	3	3	39	45	1,152

This table relates to women delivered, and not, in the case of multiple births, to infants.

HOME NURSING

Place where first treatment during year by home nurse took place	Number of persons treated during year, aged			
	under 5	5—64	65 and over	Total
Patient's home	29	728	973	1,730
Health Centres	96	501	119	716
G.P.'s premises (excluding those in health centres)	108	492	170	770
TOTAL	233	1,721	1,262	3,216

REGISTRATION OF NURSING HOMES UNDER SECTION 187 TO 194 OF PUBLIC HEALTH ACT, 1936 AS AMENDED BY THE NURSING HOMES ACT, 1963

	Number of Homes	Number of beds provided		
		Maternity	Other	Total
Homes registered during year	—	—	—	—
Homes whose registrations were withdrawn during year	—	—	—	—
Homes on the register at end of year	1	—	33	33

IMMUNISATION AGAINST DIPHTHERIA, WHOOPING COUGH, TETANUS, POLIOMYELITIS AND MEASLES

Completed Primary Courses—Number of persons under 16

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1972	1971	1970	1969	1965—68		
Triple DTP	78	861	181	20	19	4	1,163
Diphtheria/Tetanus	4	20	7	5	36	30	102
Diphtheria	—	—	—	—	—	—	—
Tetanus	2	1	2	1	12	127	145
Measles	6	552	298	21	42	31	950
Sabin (Poliomyelitis)	89	858	216	28	46	14	1,251

Reinforcing Doses—Number of persons under 16

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1972	1971	1970	1969	1965—68		
Triple DTP	1	58	92	8	50	1	210
Diphtheria/Tetanus	—	3	10	2	850	8	873
Diphtheria	—	—	—	—	—	—	—
Tetanus	6	1	2	5	23	159	196
Salk (Poliomyelitis)	—	—	—	—	—	—	—
Sabin (Poliomyelitis oral)	—	64	96	14	940	14	1,128

IMMUNISATION AGAINST RUBELLA—928 girls under 16 years of age.

B.C.G. VACCINATION

Return of Tuberculin Test and B.C.G. Vaccinations for year ending 31st December, 1972.

Number of persons vaccinated through the Authority's approved arrangements under Section 28 of the National Health Service Act.

A. CONTACTS (Circular 19/64)

i	Skin tested	...	...	...	...	...	—
ii	Found positive	...	...	...	...	...	—
iii	Found negative	...	...	...	...	...	—
iv	Vaccinated	...	...	...	...	...	—

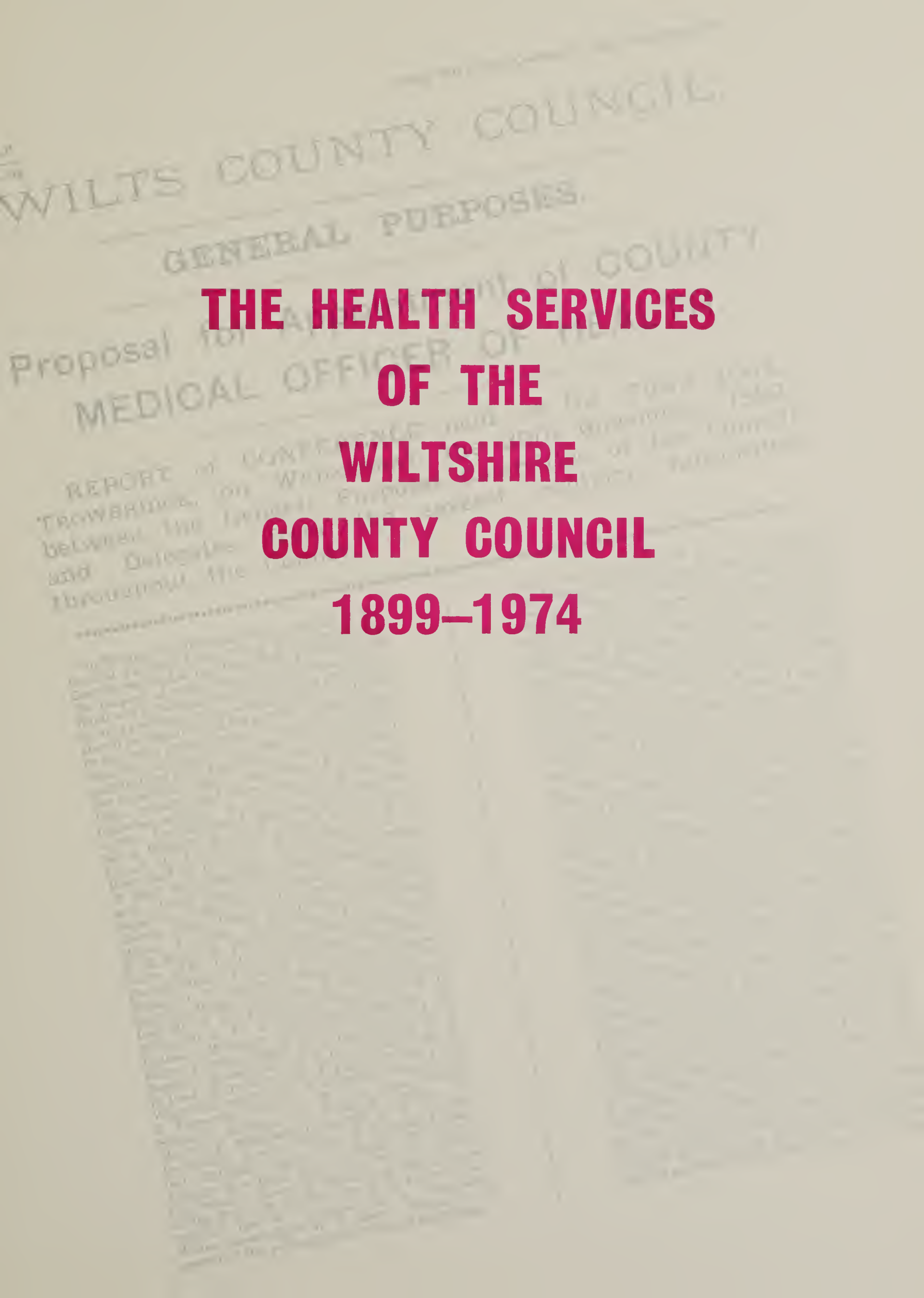
B. SCHOOL CHILDREN AND STUDENTS (Circular 19/64) excluding those known to have received B.C.G. vaccinations already.

i	Skin tested	...	...	...	...	...	1,500
ii	Found positive	...	...	...	...	...	99
iii	Found negative	...	...	...	...	...	1,350
iv	Vaccinated	...	...	...	...	...	1,336

APPENDIX 'A'

RURAL HOUSING STATISTICS FOR THE YEAR ENDING 31st DECEMBER, 1972

	Amesbury R.D.	Bradford and Melksham R.D.	Calne and Chippenham R.D.	Cricklade and Wootton Bassett R.D.	Devizes R.D.	Highworth R.D.	Malmesbury R.D.	Marlborough and Ramsbury R.D.	Mere and Tisbury R.D.	Pewsey R.D.	Salisbury and Wilton R.D.	Warminster and Westbury R.D.	TOTAL
1. Number of permanent dwellings in district at end of year	5,669	5,227	9,269	7,837	5,121	15,870	4,057	3,820	4,365	7,535	8,049	5,876	82,695
2. Number of permanent dwellings in district owned by local authority	1,714	837	2,028	1,456	1,219	2,600	648	742	833	1,661	1,298	751	15,787
3. Number of temporary dwellings in district owned by local authority	—	38	32	—	—	—	—	—	—	—	—	—	70
4. Number of applications for Council dwellings at end of year	690	308	493	491	442	664	269	255	352	635	208	200	5,007
5. <i>Inspection of dwellings during year :</i>													
A. <i>Under Public Health Acts</i>													
(i) Number of dwellings inspected	12	—	11	7	51	1,245	271	102	30	23	77	165	1,994
(ii) Number of dwellings found to be unfit	9	—	—	7	7	4	33	5	8	16	29	—	118
(iii) Number of dwellings made fit after informal action	6	—	—	7	7	—	27	5	7	15	22	—	96
(vi) Number of dwellings where formal notices were served	2	—	—	—	—	1	—	—	—	1	2	—	6
(v) Number of dwellings made fit after formal notice	2	—	—	—	—	—	—	—	—	1	2	—	5
(a) By Owners	2	—	—	—	—	—	—	—	—	1	—	—	3
(b) By local authority in default of owners	—	—	—	—	—	—	—	—	—	—	—	—	—
B. <i>Under Housing Acts</i>													
(i) Number of dwellings inspected	53	2	354	283	132	1,245	See	345	79	13	42	42	2,686
(ii) Number of dwellings found to be unfit	36	2	66	157	6	4	5A	22	19	5	17	12	346
(iii) Number of dwellings where informal notices were served	36	—	19	96	12	24	—	15	5	—	6	—	213
(iv) Number of dwellings made fit after informal action	20	—	13	129	31	9	—	15	18	—	8	11	254
C. <i>Proceedings under Section 9 and 10 Housing Act, 1957</i>													
(i) Number of dwellings where notices were served requiring defects to be remedied	—	—	—	—	—	—	—	—	—	—	—	—	—
(ii) Number of dwellings rendered fit after service of formal notices	—	—	4	—	—	—	—	—	—	—	—	—	4
(a) by Owners	—	—	4	—	—	—	—	—	—	—	—	—	4
(b) By local authority on default of owners	—	—	—	—	—	—	—	—	—	—	—	—	—
D. <i>Proceedings under Section 16 and 17 Housing Act, 1957</i>													
(i) Number of demolition Orders made	3	—	—	—	—	1	—	—	3	1	4	—	12
(ii) Number of dwellings demolished as result of demolition Orders	4	—	6	5	1	1	—	—	3	—	3	3	26
(iii) Number of undertakings accepted to make fit or not to re-let	1	2	—	22	5	1	3	—	—	1	2	—	37
(iv) Number of dwellings made fit as result of undertakings	—	2	4	15	3	—	1	—	1	1	2	—	29
E. <i>Proceedings under Sections 16, 17, 18, 26 and 35 Housing Act, 1957, and Section 26 Housing Act, 1961</i>													
(i) Number of dwellings where closing Orders were made	1	—	—	6	—	2	—	—	—	3	4	1	17
(ii) Number of dwellings closed as result of closing Orders or undertakings by owners	2	—	—	11	—	2	3	—	—	3	4	1	26
F. <i>Proceedings under Sections 17, 42, 43, 46 and 48 Housing Act, 1957</i>													
(i) Number of dwellings in clearance areas upon which demolition Orders were made	—	—	—	—	—	—	—	—	—	—	—	—	—
(ii) Number of dwellings demolished as result of demolition Orders	—	—	—	—	—	1	—	—	3	—	—	—	4
(iii) Number of dwellings in clearance areas which have been retained as temporary accommodation	—	—	—	—	—	—	—	2	—	—	—	—	2
G. <i>Proceedings under Section 76 Housing Act, 1957</i>													
(i) Number of cases of overcrowding at end of year	1	—	—	2	2	—	—	—	1	4	—	—	10
(ii) Number of cases of overcrowding discovered during year	2	—	—	8	1	—	—	—	8	3	—	—	22
(iii) Number of cases of overcrowding abated during year	1	—	—	7	1	—	—	—	6	2	—	—	17
6. Dwellings erected or converted during year :													
<i>Dwellings erected during year :</i>													
Local Authority	41	10	12	36	47	70	11	8	18	18	41	45	357
Private Enterprise	71	177	291	243	99	360	103	42	65	89	81	202	1,823
Housing Associations etc.	—	—	20	—	—	—	—	—	—	—	—	—	20
<i>Gained from conversion of large houses into flats or dwellings :</i>													
Local Authority	—	—	—	—	—	—	—	—	—	—	—	—	—
Private Enterprise	—	5	11	—	4	—	6	11	9	2	10	4	62
Housing Associations	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Lost from conversion of two or more houses into one :</i>													
Local Authority	—	—	25	—	—	—	—	—	—	—	—	—	25
Private Enterprise	1	—	10	—	2	5	8	21	12	3	11	6	79
Housing Associations	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Grants made under the Housing Acts 1949—1969 :													
<i>Value of grants paid :</i>													
Improvement	£5,840.53	£21,776	£56,974	£34,826	£23,662	£19,183	£27,434	£27,280	£19,021	£29,278	£39,074	£33,488	£337,836.53
Standard	£2,324.87	£1,485	£4,041	£2,731.50	£4,666	£3,908	£1,857	£3,236	£5,677	£648	£1,087	£8,390	£40,053.37
Special	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>No. of dwellings completed as a result of :</i>													
Improvement Grants	7	27	69	40	27	35	34	51	23	38	45	43	439
Standard Grants	10	6	17	10	22	23	9	12	23	1	6	28	167
Special Grants	—	—	—	—	—	—	—	—	—	—	—	—	—
8. <i>Housing Act 1969 Part II</i>													
Number of Improvement areas declared under Section 28(i)	—	—	—	—	—	—	—	—	—	—	—	—	—
9. <i>Housing Act 1969 Part III</i>													
Number of qualification certificates issued under Sections 45(2) and 46(3) ...	17	2	7	3	5	—	7	10	4	6	9	3	73



**THE HEALTH SERVICES
OF THE
WILTSHIRE
COUNTY COUNCIL
1899–1974**

Introduction

The period during which county councils have been responsible for the provision of health services has covered the evolution of modern personal health services from the comparatively simple provision in the nineteenth century of environmental sanitary services on the one hand and hospitals on the other, with little in between except the general practice of medicine in a highly individualistic form. The attention given to environmental sanitation was inevitable because the main problems of the day were infectious disease, malnutrition and grossly unhygienic housing conditions, and these fields of public health activity saw many of the most important advances. In the early and middle part of the nineteenth century serious epidemics in England were frequent and among the inevitable hazards of life. The first medical officer of health (for Liverpool) was appointed in 1847 but it was a particularly severe epidemic of cholera which stimulated the Government to set up the Royal Sanitary Commission in 1868-71. Among the recommendations of the Royal Commission which were embodied in the Public Health Act, 1875, was the division of the country into urban and rural sanitary districts, each with its own local sanitary authority and medical officer of health. County councils were established under the Local Government Act, 1888 and with their responsibilities in the public health field was included the power to appoint medical officers of health who had to possess a registered Diploma in Public Health or its equivalent.

Although discussions took place in 1892 between the County Council and the rural and urban sanitary authorities in Wiltshire about the possible appointment of a Medical Officer of Health for the County, none was in fact appointed until 1899 when Dr. J. Tubb-Thomas took office on 31st March. At that time Wiltshire was divided into thirteen urban and seventeen rural sanitary districts and in addition there were six rural sanitary districts not entirely within the geographical area of the County. During the earlier years the emphasis remained very much upon environmental public health and Dr. Tubb-Thomas's annual reports contained much material of this kind supplied by the district medical officers of health. In his first report (for 1898) he referred to the frustrations experienced in obtaining reports from the various sanitary authorities. Only thirteen of these were printed and four were typewritten, while in two cases they consisted only of newspaper cuttings. In the same report a reference to typhoid fever says, " This disease did not prevail in epidemic form in any part of the County during 1898 " but 73 cases were reported.

The birth rate, death rate and infant mortality rate were as follows :—

	<i>Wiltshire</i>	<i>England and Wales</i>
Birth rate	25 per 1,000 population	29.4 per 1,000 population
Death rate	14.4 per 1,000 population	17.6 per 1,000 population
Infant mortality rate ...	100 per 1,000 live births	161 per 1,000 live births

An account of the responsibility of the Health Committee and the work of the Health Department in implementing the legislation of the present century is given in greater detail later in this account and shows, under several main headings, the increasing emphasis on personal health services for individuals—however, it must be emphasised that the district councils have continued throughout the period to have most important responsibilities for environmental health, the control of infectious disease, food hygiene and for health in relation to housing.

The County Council has also performed such functions, for example, in relation to water supplies and sewerage schemes and the protection of the milk supply, as well as the oversight of sanitation and food hygiene in its own increasingly wide range of service departments.

The County Medical Officer of Health has all the time retained the statutory responsibility for being aware of and reporting upon conditions affecting or likely to affect health in the County.

Dr. Tubb-Thomas was succeeded in 1920 by Dr. C. E. Tangye and he in turn by Dr. J. B. Lowe in 1945. Dr. Lowe retired in December, 1953, and was succeeded by Dr. C. D. L. Lycett. Four county medical officers of health thus spanned seventy-five years.

Hospitals in Wiltshire

The cost of medical attention and hospital care had to be met by the patient, often through the voluntary aid schemes and friendly societies, while for the most disadvantaged there was the Poor Law system (absorbed by the County Council in 1930 under the Local Government Act of 1929).

In 1911 the Government had introduced the National Health Insurance Scheme financed by compulsory contributions from both the employers and the employed. However, the scheme excluded the families of the insured and some of the lowest income groups were ineligible. Therefore, through the Poor Law and subsequently the Public Assistance Act, infirmary facilities were afforded for the chronic sick at Public Assistance Institutions (twelve at one time and seven immediately prior to the inception of the National Health Service) in the County and from salaried doctors employed by the Boards of Guardians. At this time the County was divided into more than 70 districts where out-relief was available, and though this division did make for the convenience of those persons needing help it did not give them a free choice of doctor. In the 1930's the County Council introduced a free choice scheme whereby such a person could approach any doctor, the County Council bearing the cost of the fees.

Under the Local Government Act of 1929, the Public Health Committees of County and County Borough Councils became responsible for vaccination, infant life protection and the collection of fundamental vital statistics, but the provision, maintenance and management of all public institutions for the cure or mitigation of physical and mental disease was retained under the new Public Assistance Committees. However, the Act did encourage local authorities to provide for the care of persons suffering from illness and mental defectives, through schemes other than the Poor Law Relief i.e. Public Health and Education Services.

The Local Government Act of 1933 gave County Councils the power to acquire, with the consent of the Minister of Health, properties of the local Boards of Guardians, so as to provide medical services outside the Poor Law administration. No very great changes occurred in Wiltshire apart from the acquisition by the County Mental Deficiency Committee of the Pewsey Poor Law Institution which opened its doors on the 15th December to mental defectives (to use the term then current) over the age of 18.

Under the Public Health Act, of 1875, the sanitary districts were empowered to provide isolation hospitals, either separately or in conjunction with other districts. For some time very uneven progress was made, but by 1930 there were eight hospitals providing 227 beds. The Isolation Hospital at Old Sarum (Salisbury and District) with 50 beds, also accepted patients from Fordingbridge, Ringwood and Stockbridge rural districts in Hampshire. Some isolation hospitals subsequently closed and just before 1948 the hospital at Ogbourne St. George became the official smallpox hospital in the County.

In 1930 the infirmaries for the chronic sick attached to the public assistance institutions had 601 beds in 13 institutions, the largest (135 beds) being at Stratton St. Margaret and the smallest (13 beds) at Wilton. At most of the institutions the beds included one or two for maternity cases, but these were seldom used for the purpose. The Public Assistance Committee had an arrangement by which the services of consultants were obtained through the County Medical Officer of Health for patients in institutions as well as those treated at home by Poor Law medical officers.

In time the institutions at Purton and Wilton were handed over to the Mental Deficiency Committee and the Infirmary at Stratton St. Margaret and the Marlborough Institution (now the Marlborough Children's Convalescent Hospital) were transferred to the Public Health Committee. The institutions at Malmesbury, Westbury, Mere and Tisbury were closed immediately before the War and at Amesbury shortly after. Much was done to up-grade the facilities available at St. Margarets which was eventually absorbed in the emergency medical services at the outbreak of the War. In 1946 St. Margarets reverted to the County Council, and the American war-time hospital at Odstock was transferred to the Public Health Committee and it was partially functioning when in 1948, with all other hospitals in the County, it was transferred to the appropriate Regional Hospital Board.

There were also a number of voluntary hospitals for general medical and surgical cases in the County; twelve of these provided 544 beds including at three of them a total of 32 maternity beds, for private patients as well as patients for whom the County Council was responsible. The largest hospital was the Salisbury General Infirmary 161 beds (19 maternity), the smallest, Prideaux Hospital at Westbury, with 8 beds. However, Wiltshire residents were treated at numerous hospitals outside

the County especially at Bath and Bristol, while residents in Hants and Dorset living near the border had access to the Salisbury Infirmary. In addition to the 32 maternity beds at the voluntary hospitals there were 2 maternity homes, one of 10 beds in Corsham managed by a local voluntary committee with beds available for both County and private patients and a 20 bed home (with 4 additional beds for isolation) in Swindon run by the Borough Council at which the County had access to 5 beds. In 1940 the County had assumed responsibility for the Corsham Maternity Home. These services were augmented during the War by the establishment of two emergency maternity homes under the Government evacuation scheme, one at Berryfields, Bradford-on-Avon, for 40 beds and The Old Cottage Hospital, Melksham (30 beds).

Pulmonary tuberculosis patients were treated at one of two hospitals. At Salisbury the County Council ran a 37 bed Sanatorium (Harnwood). There was also another Sanatorium at Winsley, managed jointly by Bath, Bristol and Wiltshire at which the County had access to 32 beds.

Non-pulmonary tuberculosis patients were treated at various hospitals in and outside the County.

The Wilts County Mental Hospital Visiting Committee managed a hospital of 1,138 beds at Devizes for mental illness. This was a Wiltshire County Council hospital which subsequently under the National Health Service Act, 1946, became the present Roundway Hospital. Provision for mental defectives was afforded at the Poor Law institutions at Devizes (32 males under the age of 16, and 16 adult females), at Semington (22 adult males and 36 adult females), at Wilton (22 adult females) and at Pewsey, recently taken over by the County Mental Deficiency Committee to form the nucleus of a colony. All these were transferred to the Regional Hospital Boards in 1948.

Under the National Health Service Act, responsibility for the hospital and specialist services became that of three Regional Hospital Boards, the Oxford Regional Hospital Board covering the north east of the County, the South Western Regional Hospital Board covering north-west and west of the County and the South West Metropolitan (in due course, the Wessex) Regional Hospital Board, the south of Wiltshire. Although the three main constituents of the National Health Service (the community health service under the County and County Borough Councils, hospitals and specialist services under the Regional Hospital Boards and their Hospital Management Committees, and the general medical, dental, pharmaceutical and supplementary ophthalmic services under the National Health Service Executive Council) were administered by three distinct and separate authorities in any one place, it was realised early that a high degree of co-operation and liaison was very desirable, and the period 1948-1973 was one of steady development and improvement in this respect.

By the time of the passing in 1973 of the National Health Service Reorganisation Act a good degree of co-operation existed within the limits of the system. A link in management was the Health Committee's nominations for membership of the Regional Hospital Boards and Hospital Management Committees, while the County Medical Officer of Health was also a member of management committees of two psychiatric hospitals and of the House Committee of a third. Senior medical and nursing officers of the Health Department have participated in liaison committees formed for special subjects such as maternity, and latterly also in the "cog wheel" medical advisory committees of the hospitals as well as other standing and ad hoc committees and working parties on various subjects. In a similar way the delegatee authority, Swindon Municipal Borough Council, closely co-operated with the hospital service. Health visitors have had regular liaison with hospital nursing staff over a variety of subjects including screening tests for newly born infants, arrangements for discharge of patients and in other ways. Some health visitors assist venereologists by tracing contacts of infected persons. There was an increasing awareness of the home nursing facility available in the community, and increasing use of the services of the district nursing sisters.

The joint appointment of chest physicians for work in the tuberculosis field, both the specialist treatment aspect for the hospital services and the prevention, care and after care aspects of the disease for the local health authority is another instance of close co-operation, while in the mental health field the work of the mental welfare officers was pre-eminently one of co-ordination with hospital psychiatrists, general practitioners and social workers. Domiciliary midwives were in close collaboration with their hospital counterparts, in some cases, for example, taking their own patients into hospital for delivery and continuing their maternity nursing at home. The appointment jointly with the hospital service of a geriatric health visitor for one clinical area, and assistance by investigating and recommending priority of admission to chronic sick beds of patients on the hospital waiting list are further examples. Finally, the exchange of clinical information between hospital consultants and the medical staff of the County Council, and personal consultation, for example, over handicapped children have led increasingly to better services for the public.

Personal Health Services

(Maternal and Child Welfare)

The infant mortality rate for the County of Wiltshire at the end of the 19th Century was 94.0 per thousand live births. It is now, seventy-two years later, 20.3 per thousand live births.

The infant mortality rate is generally regarded as an index of the social circumstances of an area. A high rate is usually associated with bad housing, overcrowding, poor sanitation, ignorance of health matters and child neglect.

Early in this century the Midwives Act, 1902, was passed; this led to the registration and certification of midwives. How necessary this measure was can be gleaned from the report of the County Medical Officer of Health, Dr. J. Tubb-Thomas, in 1906 :

Midwifery
and
Ante-natal
Care

“ . . . there are 225 Midwives in the register who have given notice of their intention to practice A very large proportion of the women are altogether illiterate, or so illiterate that there is extreme difficulty in getting them to keep the Registers necessary under the Act in proper order ”

To assist the County Medical Officer of Health three health visitors were appointed in 1915 (when a Wiltshire scheme under the Notification of Births Act, 1907, was adopted) whose duties included acting as assistant inspectors of midwives. Subsequent reports show a gradual improvement in quality of bona fide and certified midwives.

Earlier, in 1904, Lady Radnor and Mrs. Charles Hobhouse founded the Wiltshire Nursing Association. “ . . . to encourage and develop all district nursing throughout the County, and to meet the requirements of the Midwives Registration Act as far as possible by means of certificated midwives.”

Here, mention should be made of Miss K. J. Stephenson, who acted as Secretary and remained in post until 1948, when the County Council, as local health authority, assumed responsibility for the supervision of midwives, and the Association was disbanded. One of many practical contributions made by the Association was the establishment in 1906 of a training home for nurses in Swindon, which was eventually handed over to the town council in 1928. Nevertheless there were some disturbing features ; the County Medical Officer of Health (1909) observed :

“ In one district in the County the Association midwife is not allowed to undertake cases where the household wages exceed 15s per week, unless a medical man is also engaged. There have been instances where the services of a midwife have been refused for illegitimate births. This is most unfortunate for the mother of the off-spring.”

The implications of these observations is better appreciated by the knowledge that prior to the establishment of the National Health Service and comprehensive social insurance schemes, after the 1939-45 War, persons seeking medical advice and treatment, whether in hospital or at home, were required to pay for the service, albeit according to their means (except that some employed persons were covered in this respect by the 1911 National Insurance Scheme). Special provisions were available for the destitute, but these were limited, such as one maternity bed (in Corsham) rented by the County Council though there were two similar beds in Swindon for local residents). Conditions gradually improved and by 1947 there were 126 county beds available for maternity cases. The supervision and control of midwives had also been greatly extended ; by 1937 roughly half the confinements of Wiltshire residents took place in hospital and very few confinements were undertaken by private midwives (in 1947 only nine engaged in domiciliary work and 13 in “ institutions ”). Various local associations affiliated with the County Nursing Association made valuable contributions. Under the Midwives Act, 1936, the County Council had an obligation to provide a complete domiciliary service (though this could be through agencies) ; this responsibility still exists with the National Health Service Act, though hospital provision is within the sphere of the Regional Hospital Boards. The

present trend, both in the County and nationally, is for more confinements to take place in hospital and the following are the figures for 1972 :

Total No. of births in hospital	4,733 (91.2%)
" " " " at home	457 (8.8%)
Birth rate	16.4
Infant mortality	20

The County Council midwifery service numbered 61 district midwifery sisters in 1972 and all of them were also home nursing sisters (and for the majority the nursing comprised the major part of their work). They are attached to the practices of general practitioners throughout the County ; in Salisbury City the domiciliary midwifery has been undertaken on behalf of the County Council by the midwifery department of the Salisbury General Infirmary.

Though the County Council midwives are less involved with domiciliary confinements they play an increasing role in the post-partum nursing care, as many women delivered in hospital are now discharged home early. Besides, midwives may assist in hospital deliveries, so that their skill and training is not wasted.

A parallel development was the antenatal care of pregnant women for which a model scheme was drafted by the then Local Government Board in 1914. A dental service was also included for which, prior to 1948, a small fee was charged ; expectant and nursing mothers are priority groups able to receive dental treatment directly from the County Council dentists. More recently expectant mothers have been entitled to receive treatment through the County Council's chiropody service.

Earlier reference has been made to the three health visitors appointed in 1915, when exchequer grants became available for birth notification schemes under the 1907 Notification of Births Act. In the same year, by arrangement with the County Council and local nursing associations who employed them, many of the 90 nurse/midwives became also part-time health visitors, to keep in touch with their maternity cases for 12 months after the confinement, to visit, and to report to the County Medical Officer of Health. This was a great step forward but it was not until 1929 that the service was extended to the health visiting of those between one and five years of age, so that the gap was closed between infancy and school entry.

Health Visiting

Since that 1907 legislation which eventually afforded local authorities the opportunity to offer advice and assistance to nursing mothers in rearing their children, the scope and opportunity of health visiting has been considerably extended in several fields and to all ages by the National Health Service Act 1946 and more recently by their attachment to all general practitioners in the County, except for some in Swindon. Thus has been firmly established the basis of primary health care teams which will play an increasing role in the reorganised health services after 1974. In 1972 91 health visitors were employed whole time by the County Council. The health visitor's health education role extends into schools ; for many subjects she is sufficiently equipped to play the role alone ; in the more complex fields of drug abuse and inter-personal relationships she and a medical officer form a specialised team. The elderly also have received increasing support from health visitors.

Besides domiciliary visiting, health visitors apply their expertise to individuals and groups at clinics. The majority of these are held in rented premises but in the larger towns the better facilities of purpose built clinics and health centres are used. Voluntary effort in the organisation of such clinics was and is much appreciated.

Child Health Clinics

The modern child health clinics in the County are considerably developed in character from that of the first infant welfare centre, which was opened in Trowbridge in 1922. Then, although concerned with prevention of child illness and education for health, the emphasis was on the fundamental aspects of child care such as nutrition (involving especially weighing of babies) but there is now the more sophisticated approach of the early detection of defects through the routine developmental paediatric examination of children. Now there are more than 120 clinics with 334 half-day sessions each month throughout the County.

At the turn of the century the only public immunisation provided was vaccination against smallpox which had been compulsory by law since 1853 for all infants and was

carried out by Public Vaccinators employed by the local Boards of Guardians, at the expense of the County Council (apart from the vaccine which was supplied by the Government). There was a severe outbreak of 171 cases of smallpox in the Swindon area in 1928/29 and the medical staff of the Health Department, assisted by the nursing staff of the Devizes Isolation Hospital as well as health visitors, were hard pressed in treating and nursing the patients at the County Council Smallpox Hospital at Ogbourne St. George. By the time of inception of the National Health Service in 1948 the occurrence of the disease had diminished greatly, only one in four children were being vaccinated, and it then ceased to be compulsory. The County Council continued to arrange the work, mainly through family doctors, from 1948 until 1971 when smallpox vaccination ceased to be recommended as a routine procedure in this country.

It was not until after the First World War that greater interest was shown in immunisation for protection against diphtheria. Not all the local Sanitary Authorities showed the same enthusiasm and in 1927 the Public Health Committee agreed, although they considered the work was the responsibility of the local sanitary authorities, that the medical and nursing staff of the County Health Department could give assistance with the work as circumstances allowed. Until its nationwide introduction in 1940 the County Council remained of the same view and their role was one of encouraging local campaigns while in fact giving considerable assistance with the work. Health education for immunisation was uphill work and in 1930, when there were 583 cases and 43 deaths, despite the offer of immunisation on a wholesale scale only 119 acceptances were received. As late as 1940 the incidence of diphtheria was serious (501 cases notified in the County despite the ready availability of immunisation), but the Health Department persisted with the immunisation of school children, two-thirds of whom were immunised during that year and a quarter of the children under 5. The County Council continued to provide the impetus to local campaigns, and by the introduction of the National Health Service in 1948 had taken over the work directly in the whole County except for Salisbury, Swindon and the East Wilts Combined Districts. The nationwide introduction of whooping cough immunisation in 1956, poliomyelitis immunisation in 1959 and measles immunisation in 1968 have all led to a decrease in these diseases, in the case of diphtheria a dramatic one. There is now almost 90% acceptance in the county, assisted since 1967 by a sophisticated system, using the County Council's computer for appointments and recording etc., this facility also being available to and used by general practitioners for their own immunisation work.

B.C.G. vaccination against tuberculosis is available to infants in special circumstances as well as routinely at 13 years of age. The recently introduced scheme for 11 year old girls of immunisation against German measles should diminish the risk of the disease in expectant mothers, and of more importance, the chance of serious defect of the developing foetus.

Other services and measures have been introduced to create optimum conditions for the nursing mother and her child. The home help service, (since 1971 transferred to the Social Services Department under the Local Authority Social Services Act, 1970) began in 1949. It was at first available to women during the lying-in period; gradually it expanded and anyone disadvantaged by serious ill-health became entitled. It was a labour intensive service to which recipients were required to make an assessed financial contribution. In 1948 only a few dozen households were helped; in 1971 over 3,300 persons were assisted.

In 1962 an "At Risk" register was opened to include the names of "children who have been subjected to certain adverse influences in pre-natal and post-natal life," that they might be more easily kept under health visitors' and medical officers' surveillance for the detection of early signs of defects or handicaps and the initiation of suitable treatment. In addition, in 1964, the notification to the Medical Officer of Health of infants with congenital malformations became compulsory; this measure was considered desirable following investigations into the side effects of thalidomide administered to expectant mothers.

But the concentration on the child has not diverted attention from the adult. The same Health Department staff of medical officers, nurses and others as were engaged in

the above work, and the same sub-committee of the Health Committee as dealt with the majority of the above work, were also engaged, mostly since 1948, on other services concerned with the prevention of illness, the care and after care of those suffering from illness, and some other community health services and duties. Since 1971 a comprehensive family planning service has been available for all residents who seek the service : all persons attending the clinics receiving examination and family planning advice free of charge, while some for medical or special social reasons receive also contraceptive supplies and appliances free. A domiciliary family planning service was also established. The Family Planning Association (in Trowbridge, the Trowbridge Family Planning Service) agreed to act as the County Council's agents to provide the clinic service. One of the last important acts of the Health Committee in 1973 was to approve the inception of a vasectomy service for Wiltshire men.

Other services include a chiropody service, started in 1960 with two chiropodists and staffed by 14 senior chiropodists by 1972, for treatment of the elderly, the physically handicapped and expectant mothers. Cervical cytology clinics have been provided since 1966 for free examination for the detection of early signs of cancer of the womb.

By 1957 it had become clear that the difficulties of children handicapped by deafness or with only partial hearing, as well as the considerable difficulties of parents, teachers and others in their education, care and management, could be much alleviated by the help of a hearing therapist, one was appointed and commenced work in 1960, and a second was authorised in 1967.

In 1948 a system of medical loan depots, of items of nursing aid for the ill at home was set up, based on the 20 depots then in the hands of voluntary organisations ; since that time the County Council has added a considerable quantity of equipment including not only many wheelchairs but sophisticated aids such as ripple beds and hoists.

Associated work, under separate legislation, included the inspection, registration and supervision of private nursing homes, the inspection, licensing and supervision of nurses agencies and, although most of the work of nurseries and child minders regulation, which had been done in the Health Department since 1948, was handed over to the Social Services Department in 1972, assistance with the inspection and supervision of persons and premises has continued to be given by the Health Department staff as required.

Wiltshire—Deaths by Selected Causes and Notified Cases of Infectious Diseases at Ten-year Intervals

	1890	1900	1910	1920	1930	1940	1950	1960	1970
Cause of Death	(Number of deaths each year)								
Maternal Mortality		Not available			15	16	5	1	Nil
Diphtheria	58	30	24	24	43	37	Nil	Nil	Nil
Acute Poliomyelitis		Not available			4	1	10	1	Nil
Tuberculosis	350	285	198	241	182	137	102	15	7
Measles	Not available	9	7	7	12	6	1	Nil	Nil
Infant Mortality	98	(Rate per 1000 live births)			51	53	22.8	19.4	18.0
		94		55					
Infectious Diseases	(Notified cases each year)								
Diphtheria	—	271	276	324	583	501	Nil	Nil	Nil
Puerperal Fever	—	17	7	20	15	86	24	88	No longer notifiable
Puerperal Pyrexia	—	—	—	—	68				
Whooping Cough	—	—	—	—	—	—	1398	353	67
Tuberculosis	—	—	—	370	334	436	356	165	76

N.B. Hyphen indicates disease not notifiable at the time.

Wiltshire—Notifications of Cases of Acute Poliomyelitis and Measles—1952-1973.

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Acute Poliomyelitis	46	102	23	38	19	23	10	15	4	5	2
Measles	1541	7225	334	6227	348	7177	5046	4697	332	9750	427

	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973
Acute Poliomyelitis	1	—	—	—	1	—	—	—	—	—	—
Measles	6192	2499	6487	3248	4178	1465	2386	2331	1995	783	945

Mental Health Services

Perhaps the earliest English legislation relating to mental health was the King's Prerogative (17 Edward II). It contained a distinction between "lunatics" and "natural fools"—corresponding to the present day "mentally ill" and "mentally handicapped"—though it was mainly concerned with the property and estate of the individual, rather than with "care and maintenance." Those who required custody were maintained in private "mad-houses," which only came under statutory licensing and inspection following an Act of 1774, separate systems operating in London and Middlesex on the one hand and in the rest of the Kingdom on the other. A variety of legislation followed to strengthen the control of public and private asylums; under the Lunacy Act, 1845, a Board of Commissioners in Lunacy was appointed, the Lord Chancellor being empowered to appoint the members. The three measures were enacted in 1853: The Lunacy Regulation Act, The Lunacy Act, the Lunacy Asylums Act. These dealt respectively with lunatics found by inquisitions (usually involving their property and estates), private lunatics, and the larger class of pauper lunatics, whose care and treatment was undertaken in work houses and eventually in asylums. After various amending legislations these were consolidated in the Lunacy Act, 1890.

Little change took place until the Mental Deficiency Act, 1913: a Board of Control replaced the lunacy commissioners; the feeble minded and mentally defective persons were defined and separated from lunatics. Voluntary treatment under certain conditions was made available, without certification, under the Mental Treatment Act 1930. Under this last Act the old terms "lunatic" "asylum" and "pauper lunatic" were superseded by expressions reflecting contemporary attitudes, as "person of unsound mind," "mental hospital" and "rate-aided patient."

The administration of the earlier Act at local level lay with the local justices and later with the local government authority, but when the local authority became responsible after 1888, the administration was separate from health interests, committee or staff. In Wiltshire the justices licensed eight "mad-houses" of which mention may be made of

- (a) **Fiddington House, Market Lavington**, which survived until 1962. It was the only private mental nursing home registered with the County under the Mental Health Act, 1959;
- (b) **Fisherton House, Fisherton Anger**, first licensed in 1812, to accommodate criminal lunatics until 1880, though with the establishment of Broadmoor Hospital in 1867, the last such patient had left by 1872. Fisherton House continued as a private hospital until acquired by the Ministry of Health in 1954. It is the present Old Manor Hospital, Salisbury;
- (c) **Kingsdown House, Box**, which closed some time ago but had a history extending over three hundred years.

In 1852 the County asylum for pauper lunatics was opened in Devizes. In 1948 this establishment became the Roundway Psychiatric Hospital under the National Health Service Act 1946 and was transferred to the South Western Regional Hospital Board.

The present Pewsey hospital for mentally handicapped persons started as a poor law institution in 1836; it was taken over by the Wiltshire Mental Deficiency Acts Committee in 1930 and by the Oxford Regional Hospital Board in 1948.

Prior to the National Health Service Act 1946, the local administrative machinery was vested in the major local authorities (County Councils and County Borough Councils). Under the Mental Deficiency Act, 1913, mental defectives were admitted to poor law institutions (e.g. at Devizes, Semington, Pewsey and Wilton) the Mental Deficiency Acts Committee of the County Council accepting financial responsibility. In keeping with progressive thought, the County Council in 1920, appointed a doctor expert in mental illness and mental handicap (Dr. R. C. Monnington) albeit part-time, to the staff of the County Medical Officer of Health and the functions of the Mental Deficiency Acts Committee passed to the Health Department. With the passing of the Local Government Act, 1929, the County Council received powers to convert poor law institutions for different uses and thus to a more complete segregation of the different classes of defectives. Pewsey Institution had been taken over by the Mental Deficiency Acts Committee as the nucleus of an industrial colony (the Pewsey Colony Certified Institution).

Between the two World Wars the Wiltshire Voluntary Association for Mental Welfare was active, visiting defectives on behalf of the Mental Deficiency Acts Committee to whom they submitted reports. Additional help was given by the establishment of occupation centres for juvenile defectives. One was opened in Salisbury in 1923 ; in due course others were started in Chippenham, Trowbridge (where for a short spell adults were also accepted) and Swindon. In addition the Association promoted home training schemes in Trowbridge (1937) and in Salisbury and Swindon (1940). The County Council supported the work of the Association with an annual grant from 1936. However, with the passing of the National Health Service Act, 1946, and the obligation placed on the local health authority in the mental health field, the Voluntary Association disbanded on the 5th July, 1948.

When in 1948 the hospitals passed to the Regional Hospital Boards, the County Council was left with the responsibility for services based in the community, e.g. home training, occupation centres and preventive and after care services. The relieving officers who had become " duly authorised officers " under the Mental Treatment Act, 1930, undertook the necessary arrangements for compulsory admission and certification, their numbers were gradually increased. The occupation centres which had been part-time and catered for juniors were expanded, became full time and admitted adults as well.

One interesting experiment was the opening in 1960 of a centre in the grounds of the *Pewsey* hospital. Premises were erected and furnished by the hospital (assisted by a grant from the Nuffield Foundation), the County Council being responsible for staffing and administration. Trainees, of all ages, and either sex, were admitted from both the hospital and the community.

The main recommendations of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency were adopted by the Government and incorporated in the Mental Health Act, 1959. Mental disorders as statutorily defined, are now dependent almost exclusively upon medical criteria ; previously both medical and legal criteria had to be satisfied before a person could be admitted compulsorily for treatment. Now medical recommendations, not magisterial certification, became sufficient grounds for a mentally disordered person to be detained in hospital. Furthermore a mentally disordered person might now be admitted to any hospital willing to receive him. In addition greater responsibility was placed on the local health authority to provide a community service.

The County Council responded. An increase in staff was inevitable. Staff already in post and new entrants were encouraged to proceed on courses for training and qualification. The Mental Welfare Officers, as the duly authorised officers were now called, established very good rapport with the general practitioners and the medical and nursing staff of the psychiatric hospitals in the County; For reasons of geography their contact with hospitals admitting mentally handicapped persons situated outside the County, some at a considerable distance, was less frequent. A capital building programme was drawn up and a number of projects were completed.

First, the re-designated occupation centres become training centres, with a purposeful philosophy separate provision was made for adults and juniors. One major problem was finding sites for these building projects ; a convenient but not ideal solution was to erect both junior and adult centres in the same curtilage, thus also making economic use of common heating, kitchen and dining facilities though in all other respects functionally and administratively separate. Three purpose built premises were opened :—

1961—Upham Road Training Centres, *Swindon*.

1963—Ashton Street Training Centres, *Trowbridge*.

1964—Middlefield Training Centres, *Chippenham*.

The then Ministry of Health made available to the County Council the old isolation hospital at Old Sarum for mental health purposes. The wards were adapted in 1963 for use as the Salisbury Adult Training Centre. Pressure was thus reduced on the centre in the City at Exeter House, Exeter Street, which now became a separate junior training centre. The building was, however, rather unsuitable, having been a family residence on three floors (only the ground and first floor were used by the centre). An opportunity was taken, when it arose, to acquire derelict adjacent property, and to build a new centre, retaining the house for training in domestic crafts. This project was completed in *November*, 1966 and incorporated a nursery unit.

Meanwhile the Pewsey Training Centre was proving inadequate and despite a prolonged search no suitable site was found in the neighbourhood. Therefore, when a reasonable site became available

in *Marlborough* sufficiently large for more than one project it was decided to build an adult training centre there. This was completed and opened just after the responsibility for the local authority mental health services was handed over to the newly created Social Services Committee. (Plans were well advanced also for a hostel for thirty mentally handicapped adults on this site).

The County Council also made an early start with mental health hostels. An early opportunity arose when the future of the old isolation hospital was being considered. As mentioned earlier, the wards were converted into an adult training centre. Though not ideally situated for the purpose because of its distance from the City of Salisbury (where all the facilities for entertainment and most of the employment opportunities for the neighbourhood are available) it was considered worthwhile to convert and adapt the block that once housed the administration unit and resident nurses, into a hostel for up to thirty mentally handicapped men. By adding two small wings, accommodation was provided for staff and twenty-nine residents (the latter mostly in single rooms). As Sarum House the hostel became operative on 3rd October, 1963. Though slow in filling, once fully occupied it has remained so. Those residents who can are encouraged to seek and continue in gainful employment in the community: those less able for physical or mental reasons, attend the training centre in the grounds.

A hostel for thirty rehabilitable mentally ill persons was opened in Chippenham in May, 1964. Despite the re-assuring advice that had been received from those interested in the rehabilitation of the mentally ill, the hostel was seriously underused. Therefore, after an eighteen months trial, it started to admit mentally handicapped women in November, 1965 and as such Redlands House has proved a success. With hindsight it is clear that smaller hostels or group homes in different parts of the County were needed for the mentally ill.

Another hostel was opened in Trowbridge in 1964—Rutland House. Here accommodation is provided for twenty young men and ten young women between the ages of 16 and 25.

It was soon apparent that there was a need for more hostels for mentally handicapped persons who though unable to live at home or independently yet did not need the resources of hospitals, many of which were geographically far removed from the community they served. The Health Committee therefore authorised the building of two more hostels—Waverley House in Melksham which was begun by the Health Department but was opened by the newly created Social Services Department in September, 1971, and the hostel in Marlborough to which earlier reference has been made.

A need was also felt for a hostel for the elderly mentally infirm, but it was a long time before a suitable site was found, in Devizes; Anzac House was opened in 1969. Recruitment of suitable staff caused considerable problems in connection with all hostels and with this one in particular. Nevertheless Anzac House has provided a useful service to those who would otherwise have had no other safe place than a large hospital for a substitute home.

The County Council encouraged and assisted voluntary organisations whose principal aims were the welfare of the mentally disordered. The most active of these were the branches of the Society for Mentally Handicapped Children in Salisbury, Swindon and Chippenham/Trowbridge. Facilities were offered to these branches to run clubs in County Council premises and to hold meetings, fêtes or other events. Not only do the handicapped benefit but also their families. The County Council either directly or through the branches of the Society arrange annual sea-side holidays for mentally handicapped persons, especially residents in hostels and those attending training centres.

With the implementation of the Local Authority Social Services Act, 1970 the mental health services (apart from a few minor connotations) ceased to be the responsibility of the Health Committee, and their administration passed out of the hands of the County Medical Officer of Health. The junior training centres became special schools under the Education Committee on 1st April, 1971. The rest of the mental health services passed to the Social Services Committee on the 1st January, 1971, and from the administrative responsibility of the County Medical Officer of Health to the Director of Social Services in June of that year.

Ambulance Service

Prior to 1948 ambulances in the County, with the exception of the Borough of Swindon, were provided by voluntary aid societies such as the St. John Ambulance Brigade, British Red Cross Society, Voluntary Hospital Committees and Nursing Associations. In Swindon a comprehensive ambulance service was provided by the Borough Council. In addition to these arrangements there were a number of County ambulances provided mainly for carrying patients suffering from infectious diseases. In 1948 many of the vehicles from these ad hoc services and the Swindon Borough Ambulance Service were amalgamated to form the Wiltshire County Ambulance Service. The vehicle fleet consisted of in 1948 36 stretcher ambulances and 5 sitting case vehicles and in July of that year the County Council appointed 48 ambulance driver attendants. The service operated from temporary and makeshift premises. The service was dependent on the voluntary first aid societies for training the ambulance staff, many of whom were in any case members of those societies. Over the years the service has developed considerably. In 1951 the County was one of the first in the country to introduce radio telephones as a means of improving the control of ambulance vehicles when away from their stations. In 1960 the first purpose built ambulance station was opened at Swindon. Today the establishment of the service is 63 vehicles and 154 staff operating from 4 main and 4 sub-stations, 6 of which are purpose built, with a further two at Chippenham and Amesbury nearing completion. The radio communication scheme enables ambulance vehicles to communicate direct, not only with their parent control station but also with the accident centres or casualty departments at the main hospital centres at Swindon, Salisbury and Bath and with the ambulance controls of the neighbouring authorities.

All staff training is now carried out within the service, recruits attending for 6 week residential courses at the Southern Ambulance Training School in Hampshire, and refresher training is performed in the service's own school at Salisbury. In addition, staff undergo further training in hospitals and attend specialist courses in control and management techniques. Incubators for transporting premature babies were introduced in 1958. In 1965 all ambulances were equipped with oro-suction apparatus and the staff trained in its use. 1968 saw the introduction of stretcher trolleys which greatly improved the movement of patients outside the ambulance. During 1971 all ambulances were equipped with Entonox for the relief of pain and spinal boards to improve the removal of injured persons from difficult situations. All vehicles are now equipped to a nationally recommended standard which entails each ambulance carrying some 134 items of equipment in the use of which all the staff are proficient. The decision in 1956 to equip the service with Vanden-Plas Princess ambulances was one of the most important taken. These vehicles gave a good ride to the patient and proved very reliable in operation. 34 vehicles of this type saw service in Wiltshire, the last two entering the service in 1968. 1971 saw the introduction of a new generation of ambulance vehicles based on a 4 litre engined chassis with automatic transmission offering the patient a very comfortable ride on multi-posture stretcher trolleys located forward of the rear axle. The interior is heated independently of the engine and contains many new devices such as piped oxygen to both sides of the body, automatic resuscitator and oro-suction equipment and a wash-hand basin with running water.

There are at present 17 of these vehicles in service in Wiltshire with a further 4 on order.

Health Centres

Swindon Health Centre

Health centres are normally associated with provision made under Section 21 of the National Health Service Act 1946, but mention should first be made of the existence before 1946 of services provided by the G.W.R. Medical Fund Society in a building which subsequently became known as "the Swindon Health Centre."

The benefits provided by this Society included a hospital opened in 1872, a dental clinic in 1887, new consulting rooms for medical practitioners employed by the Society, waiting halls and a dispensary in 1892. The number of persons entitled to the services total 42,756.

The passing of the National Health Service Act 1946 neutralised the primary reason for the existence of the G.W.R. Medical Fund Society which was mainly for the benefit of families of the railway workers. The block of buildings previously belonging to the Society at Faringdon Road and Milton Road Corner, Swindon, were purchased by the Wiltshire County Council in 1950 and have since been used as a health centre to provide general medical and general dental services as well as a dispensary under Part IV of the Act serving the whole population of the area.

Although health centre in name, and advanced in its day, the Swindon Health Centre has not become a true health centre since being taken over by the County Council under the National Health Service Act because it does not have a full range of local health authority, as well as general practitioner, services. Partly for this reason and partly because more modern buildings are required, a project for a new health centre in Swindon is under consideration.

National Health Services Act 1946

Section 21 of the 1946 Act was the first statutory provision empowering local authorities to provide buildings in which facilities could be made available for the provision of the following:— general medical, general dental, pharmaceutical, general ophthalmic, specialist out-patient and local health authority services. The main purpose was to bring together under one roof the various branches of the health services which were working in separate buildings and within separate administrative frameworks thus fostering closer understanding and integration of services concerned with the health of the individual.

First signs of the interest of general practitioners in health centre provision in Wiltshire came about 1965. Subsequent encouragement to local authorities was given by the Ministry of Health in 1967. In June 1970 the first health centre was opened at Amesbury containing surgery accommodation and other facilities for four general practitioners as well as for the local health authority services, and later in November 1970 another was opened at Calne with accommodation for five general practitioners.

In 1971 and 1972 further health centre projects were planned but could not be brought to fruition owing mainly to the difficulty in obtaining sites acceptable to all concerned.

In 1973 preparations were completed for the commencement of a health centre at South Dorcan, Swindon, and a health clinic at Bradford-on-Avon with space for the addition of doctors' surgeries when required. The Government's decision in June, 1973, however, brought to a halt the implementation of four other health centres due to be started before the 31st March, 1974, and six others in 1974/75. A decision from the Government on which of these schemes can be proceeded with in 1974/75 as being a high priority is awaited.

Eight additional health centre schemes were included for 1975 and subsequent years in the local health authority's last revision of the forward building programme prior to responsibility for health centre provision being taken over by the new Area Health Authority.

Swindon

From the beginning Swindon retained a large degree of management of its own health affairs. The Borough Council remained a welfare authority (for maternity and child welfare, midwifery and other matters) under the 1936 Public Health Act, as it was also largely autonomous for education, (under the 1944 Education Act the Borough remaining responsible for the school health service as an 'Excepted District').

When the County Council became responsible for the whole of the County in 1948 on the inception of the National Health Service, the Minister of Health approved of the local health service of the Borough being administered by an Area Sub-committee of the Health Committee, at least half of their number to be members of the Borough Council and the Borough Medical Officer becoming, part-time, a member of the staff of the County Health Department.

The Local Government Act of 1958 permitted formal schemes of delegation of health service operation to district councils, and in 1959 responsibility for the day to day working of many of the health functions of the County Council was delegated to the Borough Council.

Individuals

It is impossible to mention more than a few hundred of persons who have served the County Council as members of the Health Department. They include administrators, chiropodists, dentists, doctors, ambulance staff, mental health officers, midwives, nurses, audiometricians, pharmacists, health visitors, caretakers, social workers, clerks, hearing therapists, porters, cleaners, home helps, statisticians, teachers, remedial instructresses, speech therapists, public health inspectors, and others as well as voluntary helpers in several capacities. Certain of them, however, will be remembered by present Council members and staff. Those who have given long and notable service include the late Dr. L. Crossley, the first Chief Tuberculosis Officer, who served from 1913 to 1935, Dr. J. S. Harper who succeeded him, became a consultant in the National Health Service and is today a medical officer in the Department, Mr. W. H. Liebow, who served from 1928 until he retired as Chief Dental Officer in 1960 and the late Dr. Agnes Semple who joined in 1921 and retired as Deputy County Medical Officer of Health in 1955. They also include Mr. C. A. Horton and Mr. W. R. Hudd, who retired in 1960 as Chief Administrative Assistant and Mental Health Supervising Officer respectively, and who served with all four County Medical Officers of Health. Eleven members of the present staff were here at the inception of the National Health Service in 1948. It would be most fitting, were it practicable, to give a complete list of Committee Chairmen during the period. Changes in the Committee structure, with at times more than one Committee responsible for health functions, make this difficult to do in a meaningful way, but mention must certainly be made of Miss K. J. Stephenson, C.B.E., who was Chairman of the Public Health and Housing Committee from 1923 to 1949 and of Mrs. D. E. King, O.B.E., Chairman of the Health Committee from 1947 to 1974, who have borne so much of the responsibility for the development of the personal health services in more recent times.

Epilogue

This historical note does not set out to be a complete history of health services in Wiltshire but concentrates mainly on the health services provided by the Wiltshire County Council since the appointment of the first County Medical Officer of Health in 1899. This explains among other things why there are only occasional references to general medical and dental practice. These, unlike the hospital service, have never been primarily a local authority responsibility.

Nevertheless, apart from the co-operation which now takes place in the health care teams in which they are closely associated with the County Council staff, the general practitioners have acted in the early days as part-time district medical officers of health, have been Public Vaccinators, have participated in the 'free choice' medical scheme for poor law patients and in more recent times have taken part in the work of the child health clinics and school medical examinations, immunisation clinics, cervical cytology clinics and other activities.

This narrative of the County Council's health services even excludes the school health service which, since 1908, has played a very important part in the improvement of the health of children in the County. It could with advantage, therefore, be read with the history of the school health service in Wiltshire which is included in the Annual Report of the Principal School Medical Officer for 1972. Since 1914 the health responsibilities of the County Council under the Education Acts have been provided in the same Health Department as the remainder of the services and the County Medical Officer of Health has also been School Medical Officer (latterly Principal School Medical Officer). There has thus from very early days been a successful combination of the County Council's health services for children.

The reader of even a brief history such as this may be struck by the wide, but seemingly illogical, range of personal health services which have been provided by the Wiltshire County Council in common with county councils generally. It has often been said that the services provided by local authorities are those with a mainly preventive aim, but this is only partly true; while local authorities have traditionally and justifiably prided themselves on promoting prevention and health education, they have in addition repeatedly been required by legislation to fill gaps in the curative services. Examples have been the provision of the Poor Law medical services, the district nursing service and the ambulance service. It is this tendency through the years for local authorities to be called upon to meet a range of largely dissimilar needs, because there has been no other adequate provision, which has partly determined the shape of their personal health services at the present time.

The preparation of this short history has involved a great deal of hard work on the part of various members of staff of the Health Department, in particular Mr. R. G. Deane, Dr. S. W. W. Terry and Mr. R. O. Calver. I am grateful also for the assistance kindly given by members of the County Archivist's Department.

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C. D. L. LYCETT.

